

4491
COUNTY COUNCIL OF SALOP



ANNUAL REPORT

OF THE

*County Medical Officer
of Health*

1962



COUNTY HEALTH OFFICES . COLLEGE HILL . SHREWSBURY

NOVEMBER, 1963



Awards for 1961 in the Annual National Safe Driving Competition organised by The Royal Society for the Prevention of Accidents were presented to whole-time drivers of the Shropshire Ambulance Service on 4th May, 1963, by the Chairman of the County Health Committee, R. J. S. Parry-Jones, Esq., J.P.

(Seated, left to right: Dr. T. S. Hall, County Medical Officer of Health; R. J. S. Parry-Jones; W. Walker, County Ambulance Officer).



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To the Chairman and Members of the Salop County Council

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Council's Health Department for the year 1962.

Statistics. Table 2 shows that the estimated population at mid-1962 was 4,230 more than in the previous year. The live birth rate per 1,000 population was up by 0.31 per 1,000 live births, being 167 more than in 1961. This rising birth rate is important when considering our maternity services, midwifery, and the use of hospital beds for confinement.

The Infant and Neo-natal Death rates are both slightly higher than for 1961.

The number of illegitimate live births shows a sharp rise by 16% over 1961. All live births increased by 3% and legitimate births by 2.7% only.

Toxaemias of pregnancy are still probably the largest single cause of Stillbirths and perhaps neo-natal deaths, which latter accounted for more than half the infant deaths, but Table 9 shows that the Stillbirths were fewer.

Table 12, and the note below it on page 12, show the principal causes of death in 1962. One can hardly fail to comment on the substantially increased numbers of deaths from bronchitis and pneumonia, and the highest-ever figure for Shropshire for lung cancer (Tables 17, 18 and 19). Smoking doubtless hastened these deaths in most cases.

Tuberculosis, however, in Table 15, shows welcome and substantial falls in both notifications and deaths.

Table 25 shows again the rise in the birth rate, which has increased by 17% in 5 years—if these births result from the additional babies born in 1940—42, then as the children of the post-war 'bulges' come to child-bearing age, still more births are likely to need still more midwifery care.

Table 30 shows the attendances at Infant Welfare Centres, often increased and always well maintained. The biggest attendances not unnaturally occur where the officers attending are known to be best in sympathy, tact and enthusiasm.

Care of Illegitimate Children and Unmarried Mothers. In Table 31, the case visits—630 to 128 unmarried mothers—contrast with 921 visits paid to 98 unmarried mothers in 1961, and consultations with the Diocesan Authorities took place in the early months of 1963 to see if any changes in procedure are needed.

The fact that 161 children (62% of the County's illegitimate births) came under supervision in 1962 contrasted with 128 (or 58%) in 1961, emphasises the increase in illegitimate births noted above. Children adopted in 1962 were 67, as against 30 in 1961. 173 children in all were removed from the register in 1962 contrasted with 113 in 1961, for the reasons indicated following Table 32 on page 24.

Dental Work for Mothers and Young Children. The Report of the Principal Dental Officer is stimulating and should be read in full on pages 25 and 26. The Health Education efforts of this side of the County's Health work are in evidence and attract attention at the County's Shows.

Nursing Staff and Services are dealt with on page 27. At the end of 1962 the situation was comparatively stable. At the time of writing in mid-1963 it occasions disquiet. Nurses are leaving in substantial numbers, often for relatively much better paid positions abroad. This applies nationally; advertisements are usually unavailing, and the numbers and academic standards of student nurses joining the profession are often less than encouraging. The point is being reached when midwifery and nursing services can no longer be guaranteed available everywhere in Shropshire, and medical practitioners have had to be so advised. The problems of attracting and retaining good nurses and midwives may require urgent action if this situation continues, but such action, it would seem, cannot be unilateral and must be in accordance with a national policy.

Midwifery. The 5,506 total confinements in Shropshire in 1962 (Table 45 on page 34) were 79 more than in 1961. Total domiciliary confinements were 25 more; 54 more confinements took place in hospital than in 1961. This increased demand for hospital maternity beds makes the stay reflected in Tables 42 and 43 shorter, and selection of cases necessary. The sharp rise in births and in requests for hospital confinement resulted in applications having to be refused by the Hospital Bed Bureau in early and mid-1963, at which latter time these subjects were being discussed as between the Local Maternity Liaison Committee (page 32) the Local Medical Committee (of Practitioners) and the County Health Department. See paragraph on "Admission of Maternity Cases to Hospital" on page 33.

Vaccination and Immunisation are dealt with on pages 39—44. The “re-thinking” promised by Sir George Godber, Principal Medical Officer to the Ministry of Health, following the excitements of Smallpox outbreaks early in 1962, resulted in the advice to continue primary vaccination in early childhood, though perhaps after the first year, and probably re-vaccination at 10 or 12 years of age as well. This is as forecast, and as advocated.

Under **Polio Vaccination** is recorded the swing to the Sabin oral vaccine which began early in 1962. The figure of 72,687 for those under the age of 20 who have been protected since 1959 is noteworthy—it represents about 75 per cent of those eligible for vaccination in this age group.

Under **Tuberculosis** the state of the Register (Table 71, page 52) makes agreeable reading.

Dr. Mackenzie’s Survey of **Smoking in School Children** (on pages 55—57) and the rest of Mr. Harris’s report on **Health Education** (on pages 53—58) deserve study.

The generous and imaginative help given to Cancer sufferers by the **Marie Curie Memorial Foundation** and alluded to on page 59 is one of the most valuable adjuncts to the Council’s Services, bringing comfort to many in distress.

Under **Chiropody** (page 59) the numbers treated were nearly twice, and the number of treatments very nearly three times, as many in 1962 as they had been in 1961.

In connection with the **Home Help Service**, Table 85 on page 63 shows how every figure in the columns set out has increased steadily and consistently since 1956, so that 90% of the hours worked were in 1962 devoted to the care of the elderly and chronic sick, emphasising the contribution of this Service to the comfort of those most deserving citizens. Nevertheless Shropshire’s expenditure on this Service is relatively low per 1,000 population compared with other similar counties.

Mental Health Services. The Senior Mental Welfare Officer gives his characteristically full and stimulating report of an energetic year’s work. Mr. Wycherley’s obtaining of the Psychiatric Social Worker qualification in 1962 was a notable feat which gave great satisfaction to all concerned. In the field of provision for the mentally disordered the formidable building programme and other enterprises set out are in contrast to the virtually ‘nil returns’ of only 10 years ago. The Council and Department are fortunate in the high quality of the work done by their Mental Welfare Officers, and that excellent relationships exist with the Hospital and Specialist Services for Mental Disorder.

The reports on **Effluents from sewage disposal works and water courses** in the County are published in Table 113 on pages 91—93. These are furnished by the courtesy of the Severn River Board. Even allowing for the fact that they probably do not represent a cross section of all the effluents in the County, but may be in respect of samples taken from works under particular scrutiny or observation, they are not good. The reports speak for themselves; in total and in round figures, they show that of about 60 samples 10% are commended as satisfactory, 10% are branded as highly unsatisfactory or “like untreated sewage”, and the rest are unsatisfactory in greater or lesser degree.

The pages on **Development of Local Health Services** represent an assessment of the needs of the County during the next ten years, prepared within the Salop County Health Department in accordance with the requirement of the Minister of Health that every Local Health Authority should present such a plan and bring it up to date annually, so as to set out annually what is intended for the next ten years ahead. This assessment was presented to and approved by the Council at their meeting in July, 1962.

Those responsible and any concerned should find its study an interesting exercise in “logistics”—what will be needed to bring the plans into effect.

In the Autumn of 1963 has been published the Government report of the sub-committee on “**The Field of Work of the Family Doctor**”. Dr. Annis Gillie and her committee, largely, it is said, of General Practitioners, invite the initial re-action that here is a tolerant and wise and well balanced and even statesmanlike review, but they express again the doubt whether maternity and child welfare clinics organised by Local Authorities will continue to be needed in the form in which they exist to-day. However that may be, one cannot help feeling that the public still expect them to be available, perhaps especially so in a **New Town**. So, more clinics of one kind or another there may well have to be, and if suitable accommodation for them cannot be rented, then it may have to be purchased or built *de novo* by the County Council. The latter alternative is relatively expensive, and the possibilities of purchase of, say, a pair of semi-detached houses from a Housing Authority might be reviewed, if this were possible and if they could be suitably adapted, perhaps to provide Clinic premises at ground floor level and miniature living accommodation for staff above, as obtains in Shropshire at Dinham in Ludlow. New premises might not need to include accommodation for **Dental Work**, to obtain which most able bodied patients can travel easily. Dental equipment is specialised and very expensive: dental officers are difficult to recruit; and the employment of the new type dental auxiliary, while promising well, yet cannot work singly or independently, and this suggests a policy of larger dental accommodation at fewer clinics, centrally and strategically placed to serve larger populations.

Nursing, Midwifery and Health Visiting Staff are already lamentably insufficient in numbers, and it is hard to avoid the conclusion that a drastic revision of salary scales may be required, notably for students in training, and may need to have been in operation for some years before recruitment approaches what is needed. It is easy to make plans on paper for expansion of these services to meet future needs, but it would be less than candid to suggest that there is any present prospect of such expansion being possible while we have not now, and cannot attract, staff in sufficient numbers to meet our current needs. Part-time relief for Domiciliary Nursing is less difficult, being a service which a married nurse can give for a few hours each morning at a time when her children are at school and the patients' needs are greatest. The demands of **Midwifery** and even of **Health Visiting**, necessitating irregular and unpredictable hours, are far different, and seem unacceptable to most married women. This is the greatest single problem confronting Local Health Authorities to-day, and all should realise that, so far from solving it, the situation is already very serious and seems likely to become more so. The calculations on page 95 show the need for 5 to 10 more **Midwives** but at the time of writing this foreword *fewer* are employed than when the 'plan' was drawn up.

There is need for more **Health Visitors** in numbers additional by 6 to 24. Yet even these calculations may well be insufficient to provide the domiciliary "community" services necessary for the future, with a birthrate already showing a sharp rise, with the offspring of the post-war generation still to come, and with an avowed national policy to deal with everybody in the community who can possibly be kept out of, or returned there from, hospital—and in principle this last named conception has a good deal to commend it.

Our Shropshire **Home or Domestic Help Service** has been publicly acknowledged at recent reviews to be efficient, but it is operating on a scale probably below that provided by comparable Authorities. With greater emphasis being urged for domiciliary care, it seems that substantial expansion will be needed; the tentative estimates under this heading on page 97 may be a surprise to some.

So will the estimates regarding **Mental Welfare**. In this field we are at present fortunate and have secured excellent staff. But the expansion and demands nationally are such that substantial numbers of our good staff accept well deserved promotion elsewhere, and we shall be fortunate if we can continue indefinitely replacing those leaving with staff of calibre as good. Five hundred fewer mental hospital beds in Shropshire by 1975, accumulating numbers for adult training, and the increased longevity of severely subnormal patients, are all factors which will greatly increase demands for additional "community" and domiciliary services which it is the duty of the Local Health Authority to provide.

The suggested increases in numbers of **Administrative and Clerical Staff** centrally seem to me rather improbably modest and may well be underestimated.

Certainly there seems no hope that the expansion required to meet avowed national policy can be equated with a nett revenue expansion at the suggested rate of $2\frac{1}{2}\%$ per annum and the figures on page 99 show how unlikely this is.

Yet the nett revenue cost, including loan charges and capital expenditure from revenue, as set out on page 99 looks like something of the order of £5 for 3 people per annum—about 2/- a week for a small family. Perhaps the cost of a dozen cigarettes a week for such an average family, perhaps even as many as two a day for each such family—and they only further lung cancer and other chest diseases anyway.

The old Marginal Theory of Economics supposes that the consumer will choose what he feels he wants most: and this report is offered with the hope that the consumer may be influenced to choose wisely.

I have the honour to be, Mr. Chairman, My Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

COUNTY MEDICAL OFFICER OF HEALTH.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.

November, 1963.

HEALTH COMMITTEE AND SUB-COMMITTEES
(As at December, 1962)

HEALTH COMMITTEE

CHAIRMAN :

COUNCILLOR R. J. S. PARRY-JONES, J.P.

VICE-CHAIRMAN :

ALDERMAN THE REV. R. A. GILES, M.A., B.Litt.(Oxon.)

ALDERMEN :

BOYNE, DOWAGER THE VISCOUNTESS, C.B.E., J.P.,
LL.D., D.G.St.J.

CROFT, E. H.

FELL, W. M. W., M.Sc. (Vice-Chairman of Council)

FORESTER, THE RT. HON. THE LORD, J.P., D.L.

HAMAR, DR. L. A.

POWELL, T. P. (Deceased 15th May, 1963)

STEVENTON, T. O.

THOMAS, E. B., J.P.

WAKEMAN, CAPTAIN SIR OFFLEY, Bt., C.B.E., J.P., D.L.
(Chairman of Council)

COUNCILLORS :

ATTLEE, DR. W. O., J.P.

BEALE, REV. W. G., M.A.

CADMAN, L.

DAWSON, G. A.

HARRISON, MRS. E.

JONES, T.

JONES, T. H.

MCDONALD, L.

MORRIS, MRS. E. L., J.P.

MORRIS, T. E.

POWIS, D. O.

RHAIADR-JONES, J. R.

SMITH, C.

STEPHENS, MRS. I. E.

CO-OPTED MEMBERS :

BECKETT, H. R.

JELICOE-WALL, H.

RYLE, DR. J. C.

POOLER, DR. W. R. H.

CHOLMONDELEY, MRS. V. M., J.P.
(Vacancy)

} Nominated by Shrewsbury Town Council

} Nominated by Shrewsbury Local Medical Committee
(representing General Medical Practitioners)

Cop-opted member of Health (Nursing) Sub-Committee

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

BEALE, REV. W. G.

BOYNE, DOWAGER THE VISCOUNTESS

DAWSON, G. A.

GILES, REV. R. A.

HAMAR, DR. L. A.

MORRIS, MRS. E. L.

MORRIS, T. E.

PARRY-JONES, R. J. S. (Chairman)

POOLER, DR. W. R. H.

POWELL, T. P.

RHAIADR-JONES, J. R.

STEPHENS, MRS. I. E.

STEVENTON, T. O.

THOMAS, E. B.

HEALTH (NURSING) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

ATTLEE, DR. W. O.

BOYNE, DOWAGER THE VISCOUNTESS

GILES, REV. R. A.

HAMAR, DR. L. A.

HARRISON, MRS. E.

MORRIS, MRS. E. L. (Chairman)

PARRY-JONES, R. J. S.

POOLER, DR. W. R. H.

RYLE, DR. J. C.

SMITH, C.

STEVENTON, T. O.

THOMAS, E. B.

Co-opted Members :

BOROUGH, MRS. M. L.

CHOLMONDELEY, MRS. V. M.

MACLEAN, MRS. G.

PURSLow, MRS. H. N.

STEPHENS, MRS. I. E.

WAKEMAN, MRS. P. L. A.

WOOD, Miss N.

HEALTH (WATER) SUB-COMMITTEE

CHAIRMAN OF COUNCIL

VICE-CHAIRMAN OF COUNCIL

CADMAN, L.

CROFT, E. H.

DAWSON, G. A.

GILES, REV. R. A.

JONES, T.

JONES, T. H.

MCDONALD, L.

PARRY-JONES, R. J. S.

RHAIADR-JONES, J. R. (Chairman)

STEVENTON, T. O.

THOMAS, E. B.

MEDICAL, DENTAL AND ANCILLARY STAFFS

County Medical Officer and Principal School Medical Officer :

THOMAS S. HALL, M.B.E., T.D., M.D., B.Sc., B.Ch., D.Obst.R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy School Medical Officer :

*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer :

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

Administrative Assistant Medical Officer :

ALICE N. O'BRIEN, M.B., Ch.B.

Assistant County, School and District Medical Officers :

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

CLEMENT B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.

ALASTAIR C. MACKENZIE, M.D., Ch.B., D. P.H.

PHILIP C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H. (Resigned 30th June, 1962)

W. MOORE, M.B., B.A., B.A.O., D.Obst.R.C.O.G., D.T.M.H., D.P.H. (Appointed 19th November, 1962)

MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Assistant County and School Medical Officers :

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (Part-time)

AGNES D. BARKER, M.B., Ch.B.

ANTHONY G. H. CLAY, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P. (Appointed 10th September, 1962 ; resigned 31st October, 1962)

KENNETH E. JONES, M.B., Ch.B.

LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland)

FLORA MACDONALD, M.B., B.S., D.P.H.

ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (Part-time)

Principal Dental Officer :

CHARLES D. CLARKE, L.D.S.

Assistant Dental Officers :

Whole-time :

PAUL H. BRITTEN, L.D.S. (Resigned 23rd July, 1962)

NOEL GLEAVE, L.D.S.

PETER HOWE, L.D.S. (Appointed 12th November, 1962)

SUSAN HUGHES, B.D.S., L.D.S. (Appointed 29th August, 1962)

GEOFFREY H. STOUT, L.D.S. (Resigned 31st August, 1962)

GEORGE B. WESTWATER, L.D.S.

NORMAN WHITEHOUSE, B.Ch.D., L.D.S. (Appointed 29th October, 1962)

Part-time :

PAUL H. BRITTEN, L.D.S. (Appointed 23rd July, 1962 ; resigned 30th September, 1962)

JOHN BULLOCK, B.D.S., L.D.S. (Appointed 8th November, 1962)

ROY DENVILLE JONES, L.D.S., R.F.P.S.

REGINALD H. N. OSMOND, L.D.S.

JEAN W. PATTISON, L.D.S.

Dental Technicians :

NORMAN J. RUSHWORTH

CLIVE EVERINGHAM (Apprentice)

Dental Hygienist :

NANCY SMITH

Superintendent Nursing Officer, Superintendent Health Visitor and Non-Medical Supervisor of Midwives :

FRANCES M. ROGERS, S.R.N., S.C.M., Q.N., H.V.

Deputy Superintendent Nursing Officer :

RITA M. HUGHES, S.R.N., S.C.M., Q.N., H.V.

Assistant Superintendent Nursing Officers :

CONSTANCE M. GRIERSON, S.R.N., S.C.M., Q.N., H.V.

GLADYS M. WILLCOCKS, S.R.N., S.C.M., Q.N., H.V.

Senior Chiropodist :

ARTHUR R. MAXWELL, M.Ch.S.

Chief Clerk :

CYRIL PROPHET

County Sanitary Officer :

DAVID COUPS, Cert. R.S.I.

Assistant County Sanitary Officer :

GEORGE R. HALL, Cert. R.S.I.

County Ambulance Officer :

WALTER WALKER

Consultant Children's Psychiatrist (Part-time) :

BARBARA J. EVANS, M.D. (New York), M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.

Psychiatric Social Workers :

KATHLEEN E. HUNT, B.A.

KENNETH WYCHERLEY

Senior Speech Therapist :

EDWARD PAULETT, L.C.S.T.

Speech Therapists :

HELEN M. ALDRIDGE (part-time) (Appointed 17th January, 1962)

JILL BELLIS, L.C.S.T.

SHIENA M. BOWEN, L.C.S.T. (part-time) (Appointed 3rd May, 1962 ; resigned 20th December, 1962)

CHRISTINE BROWNLOW, L.C.S.T.

JENNIFER HUGHES, L.C.S.T. (Appointed 22nd October, 1962)

ANITA LEESON, L.C.S.T. (Resigned 31st October, 1962)

Tuberculosis Health Visitor :

ENID THOMAS, S.R.N., H.V.

Senior Mental Welfare Officer :

ERNEST A. R. WARD

*Also District Medical Officer of Health

Mental Welfare Officers :
DILLWYN B. DAVIES
IDRIS E. EVANS
CHARLES T. FRANCIS
ALBERT E. KENT
KATHLEEN G. TEAGUE

Occupation Centre Supervisors :
MARY E. C. TYLER, Dip. N.A.M.H.
ETHEL E. WARD, S.R.N., S.C.M., H.V.

Officers employed by the Birmingham Regional Hospital Board and undertaking part-time duties on behalf of the County Council :

Consultant Chest Physician :
ARTHUR T. M. MYRES, B.A., B.M., B.Ch. (Oxon.), M.R.C.P. (Ed.), M.R.C.S., L.R.C.P.

Chest Physician :
PHILIP E. PERCEVAL, M.B., B.Ch.

Consultant Orthodontists :
BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

LOCAL GOVERNMENT ACT, 1933—SECTION 111
Medical Officers of Health of County Districts

The table below shows the systems of “mixed appointments” and “combined districts” operating on 31st December, 1962. With the exception of the North-East Salop United Districts the whole of the County is covered by Medical Officers employed jointly by the District Councils and the County Council.

With the retirement in October, 1961, of Dr. W. A. M. Stewart as whole-time District Medical Officer of Health to the North-East Salop United Districts, negotiations were opened with the District Councils concerned to bring into operation arrangements formulated by the County Council in 1957 under Section 111 of the Local Government Act, 1933, whereby they would be served by “mixed appointment” Medical Officers appointed jointly by the District Councils and the County Council.

These negotiations, however, failed to produce agreement upon a basis for “mixed appointments” acceptable to both sides. Three of the constituent Authorities in the North-East Salop United Districts have since elected to secede from the group and to join with the County Council in separate “mixed” appointments. The Ministry of Health have recently agreed a proposal by the remaining five Authorities to appoint their own whole-time Medical Officer of Health.

Table 1 : District Medical Officers of Health

Medical Officer	Districts	Acreage	Population	
			Census 1961	Estimated Mid-1962
<i>Mixed Appointments :</i>				
A. C. MACKENZIE, M.D., Ch.B., D.P.H.	Shrewsbury Borough ..	8,118	49,726	50,120
W. MOORE, M.B., B.Ch., B.A.O., D.Obst. R.C.O.G., D.T.M.H., D.P.H.	Oswestry Borough ..	2,173	11,193	11,520
	Oswestry Rural ..	61,524	18,914	20,090
C. B. HIGGIE, M.R.C.S., L.R.C.P., D.P.H.	Ellesmere Urban ..	1,220	2,254	2,290
	Wem Urban ..	903	2,603	2,600
	Whitchurch Urban ..	6,053	7,159	7,150
	Ellesmere Rural ..	48,253	7,032	7,620
	Wem Rural ..	60,343	11,594	11,720
M. H. F. TURNBULL, M.B., Ch.B., D.P.H.	Bridgnorth Borough ..	2,645	7,552	7,840
	Wenlock Borough ..	22,657	14,929	14,970
	Bridgnorth Rural ..	100,897	14,865	16,130
W. HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.	Bishop's Castle Borough	1,867	1,229	1,220
	Church Stretton Urban	6,198	2,712	2,760
	Atcham Rural ..	134,490	22,306	22,950
	Clun Rural ..	132,512	8,683	8,690
	Ludlow Rural ..	112,823	13,242	13,420
E. CAPPER, M.B., Ch.B., D.P.H.	Ludlow Borough ..	1,068	6,774	6,760
<i>Whole-time :</i>				
<i>Vacant</i>	Dawley Urban ..	3,259	9,553	9,870
	Market Drayton Urban	1,216	5,853	5,920
	Newport Urban ..	768	4,370	4,710
	Oakengates Urban ..	2,396	12,158	12,380
	Wellington Urban ..	2,281	13,630	14,430
	Drayton Rural ..	54,058	9,291	9,650
	Shifnal Rural ..	39,562	14,234	15,140
	Wellington Rural ..	54,516	25,457	26,200
TOTAL ..		861,800	297,313	306,150

Annual Report for 1962

ADMINISTRATION

The work of the County Health Department is controlled by the Health Committee, certain powers being delegated to a number of Sub-Committees, the composition and duties of which are as indicated below :

HEALTH (GENERAL PURPOSES) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Chairmen of the Nursing and Water Sub-Committees	
Ten members of the Health Committee	

To deal with day-to-day matters of urgency connected with the administration of the Local Health Services, including matters related to the Ambulance Service ; to advise the Health Committee as to the administration of the Mental Health Service; and to exercise the Council's powers under the Milk (Special Designations) Regulations, 1960; and Sections 37—38 of the Food and Drugs Act, 1955 (Sale of designated milk by retail in specified areas).

HEALTH (NURSING) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Ten members of the Health Committee	
Seven co-opted members nominated by the Health Committee	

To advise the Health Committee on the administration of the Local Health Services for the care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness, care and after-care; domestic help; supervision of midwives; registration of nursing homes and nurses' agencies; and investigations under the Midwives' Acts.

(This is also the Care Committee under the Council's scheme for the care and after-care of tuberculous patients).

HEALTH (WATER) SUB-COMMITTEE :

Chairman and Vice-Chairman of the Council	} <i>Ex-officio</i>
Chairman and Vice-Chairman of the Health Committee	
Nine members of the Health Committee	

To consider the reports of the Council's consultant upon water supply and sewerage; to advise the Health Committee upon the exercise of their functions in relation to water supplies and sewerage and, in particular, as to the making of grants under the Local Government Act, 1958, and the Rural Water Supplies and Sewerage Acts, 1944—1955, with authority to approve schemes in principle on behalf of the County Council; and to advise the Health Committee as to the exercise of the powers and duties of the Council under the Housing Acts and the Water Acts, 1945—1948.

National Assistance Acts, 1948—1959 :

Administration under these Acts is the responsibility of the Welfare Committee of the County Council.

VITAL STATISTICS

Area of Administrative County (acres)	..	..	..	..	861,800
Rateable Value (at 1st April, 1962)	..	..	..	..	£3,482,328
Estimated product of 1d. rate (at 1st April, 1962)			..	..	£14,184

Table 2 : General Statistics

	Urban Districts	Rural Districts	County
POPULATION :			
Estimated population (mid-1962)	154,540	151,610	306,150
BIRTHS :			
Live Births	2,769	2,554	5,323
Rate per 1,000 population	17.92	16.85	17.39
Illegitimate live births	147	111	258
Percentage of total live births	5.31 %	4.35 %	4.85 %
Stillbirths	62	43	105
Rate per 1,000 live and stillbirths	21.90	16.56	19.34
Total live and stillbirths	2,831	2,597	5,428
INFANT DEATHS :			
Deaths under one year	72	64	136
Mortality rates :			
All infants per 1,000 live births	26.00	25.06	25.55
Legitimate infants per 1,000 legitimate live births	24.41	24.97	24.68
Illegitimate infants per 1,000 illegitimate live births	54.42	27.03	42.64
Deaths under four weeks	51	37	88
Neo-natal mortality rate per 1,000 live births	18.42	14.49	16.53
Deaths under one week	44	34	78
Early neo-natal mortality rate per 1,000 live births	15.89	13.31	16.53
Deaths under one week and stillbirths	106	77	183
Perinatal mortality rate per 1,000 total live and stillbirths	37.44	29.65	33.71
MATERNAL DEATHS :			
Deaths (including abortion)	—	1	1
Rate per 1,000 live and stillbirths	—	0.39	0.18
DEATHS :			
Total deaths from all causes	1,949	1,536	3,485
Rate per 1,000 population	12.61	10.13	11.38

Population.—The Registrar-General's estimate for mid-1962 of the population of the County, inclusive of members of the Armed Forces, was 306,150, and this is the figure used for the calculation of birth and mortality rates.

The distribution of population throughout the County is shown in Table I on page 105, from which it will be seen that 154,540 persons were resident in urban areas and 151,610 in rural areas. The growth of the County population is shown in comparison with the census years in the table below :

Table 3 : Population

	1931 Census		1951 Census		1961 Census		1961	
	Persons	%	Persons	%	Persons	%	Persons	%
Urban Districts ..	121,665	49.8	139,570	48.2	151,695	51.0	154,540	50.5
Rural Districts ..	122,491	50.2	150,232	51.8	145,618	49.0	151,610	49.5
County	244,156	100	289,802	100	297,313	100	306,150	100

The County population as a whole increased by 4,230 compared with the previous year. Excess of births over deaths gave a natural increase of 1,838.

The density of population increased by 0.01 to 0.36 persons per acre, with 2.46 persons per acre in urban areas and 0.19 in rural areas. The most sparsely populated districts were Church Stretton (0.45 persons per acre) in urban areas and Clun (0.07) in the rural areas.

Births.—The live births registered in and appertaining to this County during 1962 numbered 5,323, an increase of 167 compared with the previous year and the highest since 1947. Male and female births were 2,767 and 2,556 respectively.

The birth-rate per 1,000 of population was 17.92 in urban districts, 16.85 in rural districts and 17.39 for the County.

Adjusting these rates to allow for distribution of the population by sex and age gives standardised rates of 17.56 for urban areas, 18.70 for rural areas and 18.26 for the County, compared with the provisional rate of 18.0 for England and Wales.

Of the 5,323 live births, 5,065 were legitimate and 258 illegitimate. The latter figure was 36 more than in 1961 and represented 4.85 per cent of the live births (an increase of 0.54 per cent) or 48.5 per thousand live births, compared with a rate of 66 for England and Wales.

The births and birth rates for each Sanitary District of the County are shown in Table II on page 106.

Stillbirths.—In 1962 there were 105 stillbirths, giving a rate of 19.34 per 1,000 live and still births, as against 21.26 for the previous year, and that of 18.1 for England and Wales for 1962.

The table below shows the stillbirth rates for Shropshire during the past decade :

Table 4 : Stillbirth Rates

Year	Stillbirths	Live Births	Total	Rate per 1,000 Live and Stillbirths
1953	133	4,638	4,771	27.88
1954	118	4,488	4,606	25.62
1955	107	4,398	4,505	23.75
1956	114	4,424	4,538	25.12
1957	101	4,528	4,629	21.82
1958	109	4,686	4,795	22.73
1959	110	4,782	4,892	22.49
1960	118	4,897	5,015	23.53
1961	112	5,156	5,268	21.26
1962	105	5,323	5,428	19.34

Illegitimate stillbirths numbered 2, giving a rate of 7.7 per 1,000 illegitimate live and still births.

Infantile Mortality.—Deaths registered in 1962 of infants who died before reaching one year of age numbered 136—an increase of 22 compared with 1961.

The infant mortality rate per 1,000 live births was 25.55, compared with 21.6 for England and Wales.

Deaths of illegitimate infants numbered 11 and 8 of these were in urban districts, giving a rate of 54.42 per 1,000 illegitimate live births, as against 42.64 for the County. The mortality rate for illegitimate infants is compared below with that for legitimate infants.

Table 5 : Mortality Rates for Legitimate and Illegitimate Infants

Year	Legitimate			Illegitimate		
	Live births	Deaths	Rate per 1,000 births	Live births	Deaths	Rate per 1,000 births
1953	4,431	109	24.60	207	4	19.32
1954	4,289	102	23.78	199	8	40.20
1955	4,222	108	25.58	176	3	17.05
1956	4,248	111	26.13	176	9	51.14
1957	4,348	112	25.75	180	6	33.33
1958	4,472	85	19.01	214	5	23.36
1959	4,598	91	19.79	184	5	27.17
1960	4,674	87	18.61	223	8	35.87
1961	4,934	107	21.68	222	7	31.53
1962	5,065	125	24.68	258	11	42.64

Below are given the causes of infant deaths registered in 1962, with comparative figures for the previous year :

Table 6 : Deaths of Infants under one year

Cause of Death	1961			1962			+ or —
	Males	Females	Total	Males	Females	Total	
Other defined and ill-defined diseases (including prematurity)	40	22	62	41	32	73	+11
Pneumonia	8	5	13	11	8	19	+6
Accidents (other than motor vehicle)	—	1	1	2	3	5	+4
Gastritis, enteritis and diarrhoea	1	1	2	2	1	3	+1
Nephritis and nephrosis	—	—	—	1	—	1	+1
Congenital malformations	16	17	33	13	20	33	—
Whooping Cough	—	1	1	—	1	1	—
Bronchitis	1	—	1	1	—	1	—
Diabetes	—	1	1	—	—	—	—1
TOTAL ..	66	48	114	71	65	136	+22

Of the 136 infants who died in 1962, no less than 58 were regarded as “premature”, being 5½ lb. or less in weight at birth. Further particulars regarding these premature infants are to be found in the section of this Report dealing with “Care of Mothers and Young Children” commencing on page 18, which includes the interesting Table 27 illustrating the relationship between the birth weights of premature infants and their prospects of survival.

As will be seen from the table below, 83 of the 136 infant deaths during 1962 (or 64.7 per cent) occurred in the first month of life :

Table 7 : Infant Deaths—Age Groups

Age Groups	1959		1960		1961		1962	
	Deaths	%	Deaths	%	Deaths	%	Deaths	%
Under one week ..	63	65.6	67	70.5	69	60.5	78	57.35
1—4 weeks ..	11	11.5	5	5.3	13	11.4	10	7.35
1—12 months ..	22	22.9	23	24.2	32	28.1	48	35.3
TOTAL ..	96	100	95	100	114	100	136	100

Neo-natal deaths.—Although much progress has been made in reducing the infant mortality rate in this County—it has been more than halved in the past twenty years—the mortality of infants during the first month of life has continued to be the main obstacle to further progress.

The neo-natal mortality rate for 1962 of 16.53 per 1,000 live births is higher than for four years and compares unfavourably with that of 15.1 for England and Wales.

Table 8 : Infant Mortality Rates

Year	Infant Mortality		Neo-Natal Mortality		
	Deaths	Rate per 1,000 Live Births	Deaths	% of Infant Deaths	Rate per 1,000 Live Births
1953	113	24.36	80	70.8	17.25
1954	110	24.51	84	76.4	18.72
1955	111	25.23	77	69.4	17.51
1956	120	27.12	84	70.0	18.99
1957	118	26.06	87	73.7	19.21
1958	90	19.21	64	71.1	13.66
1959	96	20.08	74	77.1	15.47
1960	95	19.40	72	75.8	14.70
1961	114	22.11	82	71.9	15.90
1962	136	25.55	88	64.7	16.53

Perinatal Mortality.—Perinatal deaths are those occurring near to birth and perinatal mortality is, therefore, based upon deaths of infants under one week and stillbirths.

Deaths under one week totalled 78 in 1962, and stillbirths 105, giving a mortality rate of 34 per 1,000 live and still births, compared with 34 in 1961. The provisional rate for England and Wales for 1962 was 30.8.

Table 9 : Perinatal Mortality Rates

Year	Deaths under one week	Stillbirths	Total	Rate per 1,000 live and still births
1958	56	108	164	34
1959	63	110	173	35
1960	67	118	185	37
1961	69	112	181	34
1962	78	105	183	34

Maternal Mortality.—One death registered in 1962 was attributed directly or indirectly to pregnancy, giving a rate of 0.18 per 1,000 live and still births, compared with 0.35 for England and Wales.

The cause of death was as indicated below :

<i>Age</i>	<i>Cause</i>
1. 33	1(a) Cerebral haemorrhage.

The following table compares the maternal mortality rates for Shropshire with those for England and Wales over the past ten years :

Table 10 : Maternal Mortality

Year	Deaths	Rate per 1,000 live and still births	
		Shropshire	England and Wales
1953	2	0.42	0.76
1954	3	0.65	0.69
1955	4	0.88	0.64
1956	3	0.66	0.56
1957	1	0.22	0.47
1958	2	0.42	0.43
1959	—	—	0.38
1960	6	1.20	0.39
1961	4	0.76	0.33
1962	1	0.18	0.35

Deaths—General.—The number of deaths registered in 1962 as appertaining to Shropshire was 3,485—an increase of 2 compared with 1961. Male and female deaths were 1,810 and 1,675 respectively.

The crude death rate for the year was 11.38 per 1,000 population for the County as a whole and the standardised rate 11.72, compared with 11.9 for England and Wales.

Deaths in chronic sick and mental hospitals have been assigned to the area of occurrence where the deceased has been resident there for six months or more.

Table 11 below shows the standardised death-rates for Shropshire for the past three years, with comparable rates for England and Wales.

Table 11 : Standardised Death-rates

	1960	1961	1962
Urban Districts ..	11.34	11.94	12.12
Rural Districts ..	10.33	11.28	11.04
Shropshire ..	10.92	11.66	11.72
England and Wales ..	11.5	12.00	11.90

Full information with regard to deaths registered in 1962, showing cause, sex and age groups in the Sanitary Districts of the County, is given in Tables III and IV on pages 107 and 108, but while these are of interest, the temptation to interpret such small numbers too seriously should be resisted.

Table 12 : Principal Causes of Death

Cause of Death	1962			1961			1960		
	Deaths	Rate per 1,000 population	% of total deaths	Deaths	Rate per 1,000 population	% of total deaths	Deaths	Rate per 1,000 population	% of total deaths
Heart disease	1,141	3.73	32.74	1,153	3.82	33.10	1,066	3.53	32.93
Cancer (including Leukaemia) ..	612	2.00	17.56	557	1.84	15.99	540	1.79	16.68
Vascular lesions of nervous system	561	1.83	16.10	564	1.87	16.19	588	1.95	18.17
Pneumonia	177	0.58	5.08	142	0.47	4.08	127	0.42	3.92
Bronchitis	162	0.53	4.65	126	0.42	3.62	128	0.42	3.95
Diseases of the circulatory system (other than heart disease) ..	124	0.40	3.56	145	0.48	4.16	153	0.51	4.73
Accidents (other than motor vehicle)	73	0.24	2.09	69	0.23	1.98	71	0.23	2.19
Congenital malformations	48	0.16	1.38	46	0.15	1.32	29	0.09	0.90
Motor vehicle accidents	47	0.15	1.35	50	0.17	1.44	50	0.17	1.54
Influenza	33	0.11	0.95	85	0.28	2.44	8	0.03	0.25
Other diseases of respiratory system (excluding Tuberculosis)	28	0.09	0.80	36	0.12	1.03	23	0.08	0.71
Diabetes	25	0.08	0.72	18	0.06	0.52	31	0.10	0.96
Hyperplasia of prostate	23	0.07	0.66	15	0.05	0.43	14	0.05	0.43
Nephritis and nephrosis	21	0.07	0.60	24	0.08	0.69	20	0.07	0.62
TOTAL ..	3,075	10.04	88.24	3,030	10.04	86.99	2,848	9.44	87.98

Table 12 shows the principal causes of death for 1962, with comparative figures for the two preceding years. In total, deaths increased by 2 over 1961, with increased mortality from cancer (all sites, including leukaemia, 55 more), bronchitis (36 more) and pneumonia (35 more). Deaths in consequence of accidents reached their highest level at 73—four more than in 1961—while road accident deaths at 47, were 3 less than in the previous year.

Deaths from influenza dropped to 33 (52 less) and from diseases of the circulatory system to 124 (21 less).

Coronary disease and angina.—Deaths from heart disease (which includes coronary disease and angina, hypertension with heart disease and other cardiac conditions) decreased by 12 over the previous year, coronary disease taking a slightly lower toll than in 1961. Table 13 below shows how mortality from this disease has increased by almost 60 per cent in the past 10 years.

Table 13 : Deaths from Coronary Disease and Angina

Year	Males	Females	Total	Rate per 1,000 population
1953	224	133	357	1.19
1954	293	147	440	1.48
1955	285	153	438	1.47
1956	279	140	419	1.41
1957	282	144	426	1.43
1958	343	172	515	1.73
1959	339	195	534	1.78
1960	344	190	534	1.77
1961	372	226	598	1.98
1962	353	214	567	1.85

Respiratory diseases.—Respiratory diseases resulted in increased mortality in 1962, deaths from pneumonia (177) and bronchitis (162), showing increases of 35 and 36 respectively. Heavier mortality from bronchitis is, perhaps, significant and not unexpected, occurring as it does concurrently with the highest mortality from lung cancer so far recorded in Shropshire. Influenza deaths were considerably reduced—33 or 52 less than in 1961.

Age Groups.—The table below shows the percentage of deaths by age groups and, by comparison with figures for 1932, indicates the extent to which mortality below 65 years has decreased.

Table 14 : Deaths by Age Groups

Year	Percentage of total deaths							
	Under 1 year	Over 1—under 5	Over 5—under 15	Over 15—under 25	Over 25—under 45	Over 45—under 65	Over 65—under 75	75 years and over
1962	3.90	0.66	0.75	1.12	3.16	20.72	24.99	44.70
1961	3.27	0.55	0.80	0.92	3.02	20.79	26.18	44.47
1960	2.93	0.62	0.59	1.02	3.43	22.24	25.05	44.12
1959	2.88	0.48	0.42	0.93	3.27	21.63	24.86	45.53
1958	2.70	0.45	0.48	1.05	3.15	22.17	24.21	45.82
1957	3.73	0.66	0.41	0.79	3.54	22.36	23.55	45.06
1956	3.66	0.40	0.76	1.31	3.63	19.94	25.37	44.93
1955	3.35	0.45	0.57	1.09	3.98	21.08	25.36	44.12
1954	3.21	0.47	0.67	1.37	4.26	20.32	25.42	44.28
1953	3.48	1.02	0.31	1.29	4.32	20.96	25.46	43.16
1932	7.14	2.05	1.62	2.64	8.14	22.79	23.97	31.65

Increased mortality is again shown in 1962 in the pre-school age groups and those between 15 and 45 years. Deaths under one year are dealt with fully on page 10; in the 1 to 5 years group, there were 23 deaths, the main causes of which were congenital malformations (4), gastritis, enteritis and diarrhoea (4), leukaemia (3) and accidents other than motor vehicle (2).

In the 15 to 25 years group, there were 39 deaths, of which 19 were due to accidents—13 involving motor vehicles and 6 at work or at home.

In the 25 to 45 years group, there were 110 deaths and accidents accounted for 11 of these (8 with motor vehicles and 3 otherwise) and cancer of the lung for 4.

In the 45—65 years group, there were 722 deaths, (458 males and 264 females). Accidents accounted for 17 of the male deaths and 9 of the female deaths. Lung cancer caused 56 male deaths and 8 female deaths in this group, or in simple terms, 1 in 8 of the former and 1 in 33 of the latter.

Tuberculosis.—During the year 6 deaths were registered from Respiratory Tuberculosis—7 less than in the previous year—giving a death rate of 0.020 per 1,000 of population.

There were in addition two deaths from Non-Respiratory Tuberculosis—one more than in 1961—giving a death rate of 0.006.

For both forms of this disease, the death-rate for 1962 was 0.026 per 1,000 of population, compared with a rate of 0.066 for England and Wales.

The following table shows the notification and death-rates per 1,000 of population attributable to this County from 1923 onwards for both forms of Tuberculosis.

Table 15 : Tuberculosis—Respiratory and Non-Respiratory. Notification and Death Rates

Year	RESPIRATORY				NON-RESPIRATORY			
	New cases	Deaths	Rate per 1,000 population		New cases	Deaths	Rate per 1,000 population	
			Cases	Deaths			Cases	Deaths
1923	273	157	1.11	0.64	133	56	0.54	0.23
1924	287	144	1.16	0.58	121	42	0.49	0.17
1925	243	138	0.99	0.56	111	36	0.45	0.15
1926	208	136	0.86	0.56	117	34	0.48	0.14
1927	191	129	0.66	0.53	131	44	0.54	0.18
1928	162	126	0.87	0.52	129	41	0.53	0.17
1929	214	147	0.79	0.60	138	33	0.57	0.14
1930	194	106	0.76	0.44	119	34	0.49	0.14
1931	184	155	0.86	0.64	102	37	0.42	0.15
1932	163	126	0.67	0.52	108	34	0.44	0.14
1933	152	125	0.62	0.50	103	33	0.42	0.14
1934	180	114	0.74	0.47	93	29	0.38	0.12
1935	182	124	0.75	0.51	95	27	0.39	0.11
1936	169	95	0.70	0.39	118	23	0.49	0.09
1937	158	97	0.66	0.40	111	39	0.46	0.16
1938	164	71	0.68	0.29	114	20	0.47	1.08
1939	156	91	0.62	0.36	101	30	0.40	0.11
1940	133	76	0.52	0.29	102	27	0.40	0.12
1941	197	93	0.72	0.34	139	31	0.50	0.10
1942	185	82	0.69	0.31	140	32	0.52	0.12
1943	193	113	0.74	0.43	132	27	0.51	0.10
1944	104	91	0.40	0.35	86	17	0.33	0.07
1945	143	88	0.56	0.34	102	31	0.32	0.12
1946	106	65	0.40	0.25	64	21	0.49	0.08
1947	141	87	0.53	0.33	67	24	0.25	0.09
1948	89	81	0.33	0.30	62	14	0.23	0.05
1949	127	100	0.47	0.37	79	17	0.29	0.06
1950	151	66	0.52	0.23	77	10	0.27	0.03
1951	109	53	0.37	0.18	47	10	0.16	0.03
1952	106	37	0.39	0.13	44	9	0.15	0.03
1953	136	32	0.45	0.107	27	8	0.09	0.017
1954	144	46	0.48	0.154	27	5	0.09	0.017
1955	153	25	0.51	0.084	32	5	0.11	0.016
1956	109	14	0.36	0.047	47	3	0.16	0.010
1957	110	13	0.37	0.044	39	3	0.13	0.010
1958	105	8	0.35	0.027	34	1	0.11	0.003
1959	81	17	0.27	0.057	18	1	0.06	0.003
1960	93	8	0.31	0.026	32	1	0.11	0.003
1961	73	13	0.24	0.043	19	1	0.06	0.003
1962	48	6	0.16	0.020	14	2	0.05	0.006

Further information concerning Tuberculosis is given in the Sections of this Report dealing with “Infectious Diseases” on page 16 and “Prevention of Illness, Care and After-Care” on page 49.

Cancer.—Deaths from cancer during 1962 numbered 612—an increase of 55 compared with the previous year. The death-rate per 1,000 of population was 2.00—an increase of 0.16 above the rate for 1961.

Table 16 : Deaths from Cancer

Age Groups				1959			1960			1961			1962		
				M	F	T	M	F	T	M	F	T	M	F	T
Under 15 years	..	..	..	1	2	3	8	4	12	5	4	9	2	5	7
15 to 45 years	..	..	..	11	13	24	17	19	36	13	16	29	13	16	29
45 to 65 years	..	..	..	128	100	228	109	89	198	104	89	193	117	94	211
Over 65 years	..	..	..	158	139	297	150	144	294	187	139	326	192	173	365
TOTAL				298	254	552	284	256	540	309	248	557	324	288	612

The table below lists the deaths from cancer since 1953, according to the location of the disease :

Table 17 : Cancer Deaths—Sites

Year	Malignant neoplasm															Leukaemia, aleukaemia			Total		
	Stomach			Lung, br'chus			Breast			Uterus			Other								
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1953	47	41	88	62	11	73	1	56	57	—	19	19	146	126	272	10	10	20	266	263	529
1954	40	36	76	58	6	64	—	42	42	—	25	25	166	146	312	9	4	13	273	259	532
1955	43	37	80	69	9	78	—	51	51	—	17	17	157	158	315	5	4	9	274	276	550
1956	38	29	67	64	11	75	—	48	48	—	26	26	159	135	294	8	8	16	269	257	526
1957	45	36	81	83	4	87	—	50	50	—	24	24	118	145	263	6	5	11	252	264	516
1958	48	29	77	74	7	81	—	59	59	—	19	19	150	117	267	8	2	10	280	233	513
1959	35	33	68	73	8	81	—	51	51	—	28	28	182	130	312	8	4	12	298	254	552
1960	53	23	76	69	9	78	—	58	58	—	24	24	155	136	291	7	6	13	284	256	540
1961	53	26	79	90	12	102	—	46	46	—	18	18	152	133	285	14	13	27	309	248	557
1962	39	36	75	93	16	109	2	51	53	—	28	28	184	143	327	6	14	20	324	288	612

Cancer.—In total, deaths from cancer in 1962 were the highest so far recorded in this County, being up by 55 on the previous year. In particular, lung cancer deaths increased by 7 to 109. Mortality from leukaemia decreased by 7 to 20 deaths, but this figure is still high in relation to earlier years.

Cancer of the lung.—Of the 109 deaths from cancer of the lung and bronchus, 56 occurred in males of the 45—65 years group and in both urban and rural areas represented 1 in 8 of the male deaths in that age group.

The first table following compares the death rates from lung cancer per 1,000 of population for England and Wales with those for urban and rural areas and the County as a whole. Table 19 shows the ratios of male and female deaths from this disease to total deaths from all causes.

Table 18 : Lung Cancer—Mortality Rates per 1,000 Population

Year	Shropshire			England and Wales
	Urban Districts	Rural Districts	Whole County	
1953	0.344	0.153	0.244	0.343
1954	0.223	0.207	0.215	0.369
1955	0.307	0.221	0.262	0.389
1956	0.327	0.181	0.252	0.407
1957	0.380	0.209	0.292	0.426
1958	0.371	0.176	0.271	0.439
1959	0.291	0.248	0.270	0.464
1960	0.335	0.183	0.258	0.481
1961	0.459	0.214	0.338	0.494
1962	0.421	0.290	0.356	0.510

Table 19 : Ratio of Lung Cancer Deaths to All Deaths in Shropshire

Year	Urban Districts		Rural Districts		Whole County	
	Males	Females	Males	Females	Males	Females
1953	1 : 22	1 : 110	1 : 35	1 : 237	1 : 27	1 : 145
1954	1 : 32	1 : 873	1 : 31	1 : 148	1 : 31	1 : 269
1955	1 : 25	1 : 147	1 : 26	1 : 127	1 : 25	1 : 174
1956	1 : 23	1 : 142	1 : 34	1 : 142	1 : 27	1 : 142
1957	1 : 18	1 : 409	1 : 25	1 : 334	1 : 20	1 : 371
1958	1 : 20	1 : 148	1 : 31	1 : 709	1 : 24	1 : 228
1959	1 : 24	1 : 227	1 : 25	1 : 165	1 : 24	1 : 196
1960	1 : 21	1 : 151	1 : 32	1 : 216	1 : 25	1 : 173
1961	1 : 15	1 : 138	1 : 31	1 : 142	1 : 20	1 : 140
1962	1 : 18	1 : 87	1 : 21	1 : 143	1 : 19	1 : 105

Leukaemia.—Deaths from Leukaemia and Aleukaemia (a disease of the blood-forming organs characterised by uncontrolled increase of the white blood cells) numbered 20 in 1962. In the past decade mortality from this disease has averaged 15 deaths per annum and the figure for 1962 of 20, although much lower than in 1961, still gives cause for concern.

General.—The following tables summarise and compare the various vital statistics so far referred to in this section of the Report.

Table 20 : Birth Rates, Death Rates and Analysis of Mortality, 1962

	Live births— rate per 1,000 population	Still- births— rate per 1,000 live and stillbirths	Death rates per 1,000 population						Maternal deaths per 1,000 live and stillbirths	Infant death rate per 1,000 live births	
			All causes	Tuberculosis		Cancer				Under 4 weeks	Under 1 year
				Res- piratory	Non- Res- piratory	Lung and bronchus	Other forms	All forms			
England and Wales	18.0	18.1	11.9	0.059	0.007	0.510	1.667	2.177	0.35	15.1	20.7
Shropshire	(a) 17.39 (b) 18.26	19.34	(a) 11.38 (b) 11.72	0.020	0.006	0.356	1.643	2.000	0.18	16.53	25.55

(a) Crude rate. (b) Standard rate.

Table 21 : General Statistics—Shropshire

Year	Live Births		Deaths		Natural increase in Population	Infant Mortality rate per 1,000 live births	Death rates from Cancer per 1,000 of Population
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population			
1943	4,915	18.80	3,186	12.24	1,729	36.01	1.839
1944	5,203	20.02	2,969	11.4	2,234	34.21	1.751
1945	4,621	18.01	3,056	11.9	1,565	38.95	1.711
1946	5,090	19.42	3,177	12.1	1,913	43.03	1.768
1947	5,538	20.92	3,251	12.8	1,287	39.73	1.786
1948	5,156	18.92	3,219	10.77	1,937	35.49	1.729
1949	4,945	18.15	3,294	12.09	1,651	29.52	1.893
1950	4,669	16.17	3,219	11.15	1,450	24.39	1.71
1951	4,603	15.68	3,719	12.67	884	30.41	1.75
1952	4,670	15.80	3,100	10.49	1,570	24.63	1.68
1953	4,638	15.20	3,244	10.84	1,394	24.36	1.77
1954	4,488	15.07	3,430	11.51	1,058	24.51	1.79
1955	4,398	14.78	3,316	11.14	1,082	25.23	1.848
1956	4,424	14.85	3,279	11.0	1,145	27.12	1.765
1957	4,528	15.20	3,167	10.63	1,361	26.06	1.732
1958	4,686	15.67	3,334	11.15	1,352	19.21	1.716
1959	4,782	15.92	3,334	11.10	1,448	20.08	1.838
1960	4,897	16.20	3,237	10.71	1,660	19.40	1.787
1961	5,156	17.08	3,483	11.54	1,673	22.11	1.845
1962	5,323	17.39	3,485	11.38	1,838	25.55	2.000

NOTE.—Cancer deaths from 1950 include those due to Hodgkin’s disease, leukaemia and aleukaemia.

INFECTIOUS DISEASES

Table V on page 109 of this Report summarises the notifications of infectious diseases received during 1962.

Tuberculosis.—Notifications received during the year of new cases suffering from Respiratory Tuberculosis numbered 48. This figure excludes Hospital and Service cases not ordinarily resident in the County and who were already on the Tuberculosis Register in their home area, and represents a decrease of 25 new cases compared with the previous year.

There were 6 deaths from Respiratory Tuberculosis, a decrease of 7 compared with the previous year.

New cases of Non-respiratory Tuberculosis numbered 14, again excluding those not ordinarily resident in Shropshire, and were 5 less than in 1961. Two deaths were ascribed to this form of the disease, an increase of one over each of the two preceding years.

Particulars of the notified cases and deaths from Tuberculosis, classified in age groups, are given below :

Table 22 : New cases of, and deaths from, Tuberculosis during 1962.

Age Groups	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year ..	—	—	1	—	—	—	—	—
1 and under 5 ..	—	2	—	2	—	—	—	—
5 and under 15 ..	1	1	1	1	—	—	—	—
15 and under 25	3	2	—	1	—	—	—	—
25 and under 45	8	5	3	4	—	—	1	—
45 and under 65	18	—	—	1	2	—	—	1
65 and over ..	7	1	—	—	4	—	—	—
TOTAL ..	37	11	5	9	6	—	1	1
	48		14		6		2	

New cases of respiratory disease, although 25 less than in 1961, continue to predominate in the middle-aged and older men. One cannot help noting (Table IV, page 108) the preponderance of incidence of lung cancer in this same age and sex group and wondering whether smoking, which we know to be a principal associated cause of lung cancer, can contribute towards respiratory tuberculous infection—it seems likely.

Non-notified fatal cases.—Two of the deaths ascribed to Respiratory Tuberculosis and one of those attributed to the Non-Respiratory disease, occurred in persons who had not been notified during life as suffering from Tuberculosis.

Poliomyelitis.—This condition (originally known as Infantile Paralysis) was first made notifiable under Regulations operative from 1st September, 1912, and since then the only years during which no such cases have been notified in Shropshire have been 1915, 1917, 1929, 1930 and 1960.

Two cases of the paralytic form (defined as “signs of weakness or paralysis of muscles, either permanent or transient”) were notified in 1962, in July and December respectively. The first case, with severe paralysis, was a student nurse of nineteen years, who had not been protected. The second was a boy of sixteen, certified to have received three doses of Salk-type vaccine, who inexplicably died after a brief illness.

The latter was the first fatal case recorded in Shropshire where the victim was thought to have been fully protected (having had three doses of vaccine). Four other paralytic cases have occurred amongst patients whose immunisation was not complete, with one fatality in 1958 in a female, aged 31, who had received one dose only of vaccine 6 days prior to onset of the disease.

Non-paralytic Poliomyelitis is recorded in three immunised cases, two of whom had received two doses and one having had three doses of vaccine.

The table below shows the yearly incidence of, and deaths from, this disease during the past two decades :

Table 23 : Notifications of, and deaths from, Poliomyelitis

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Notifications ..	5	10	13	5	32	13	10	62	13	27	26	13	19	10	29	16	7	—	3	2
Deaths ..	—	1	1	—	2	2	1	11	1	—	—	2	1*	—	3†	3	—	—	—	1

*Death occurring in but not assignable to this County.

†One of these deaths was of a case not notified in this County—an airman stationed in Shropshire who was admitted to a Barrow Hospital whilst on leave and died there.

(For vaccination against poliomyelitis, see under Immunisation Service on page 43).

Dysentery.—The number of cases of Dysentery notified during 1962 was 99—an increase of 53 compared with the previous year.

Measles.—Notifications received in respect of Measles numbered 781—a decrease of 4,870 compared with 1961; there was one death from this disease—a child of eighteen months.

Whooping Cough.—Notified cases of Whooping Cough totalled 71, or 27 less than in the previous year. One death from this disease was registered during 1962 and occurred in an unprotected child of 21 months. (See also under Immunisation Service on page 42).

Food Poisoning.—The number of cases of Food Poisoning notified was 15, compared with 34 in the previous year, and none is known to have proved fatal.

Diphtheria.—There was no notified case of Diphtheria in this County during 1962.

Smallpox.—There was no notified case of Smallpox in this County during 1962.

Scarlet Fever.—The number of cases of Scarlet Fever notified during the year was 193—forty more than in the previous year.

VENEREAL DISEASES

Provision for the treatment of venereal diseases is a responsibility of the Hospital and Specialist Services, and a clinic is operated by the Shrewsbury Group Hospital Management Committee at No. 1 Belmont, Shrewsbury. This is the only one in this County and serves the bordering Welsh Counties and most of Shropshire, patients residing near the eastern county boundary tending to make use of the clinics at Wolverhampton and Stafford.

Sessions are held at the Shrewsbury Clinic as under :

Females ..	Mondays ..	3.30 to 5.30 p.m.
	Thursdays ..	5.00 to 7.00 p.m.
Males ..	Tuesdays }	6.00 to 8.00 p.m.
	Fridays }	

The following statistics relating to the attendance of Shropshire patients at the Shrewsbury Clinic have been made available through the kindness of the Venereologists, Dr. J. P. G. Rogerson (male clinic) and Dr. E. M. McCarter (female clinic).

Table 24 : Shropshire cases treated in 1962

NEW CASES FROM SHROPSHIRE :	Males	Females	Total
Syphilis—primary	1	—	1
—nervous system	1	—	1
—late	—	1	1
—cardio-vascular	1	—	1
Gonorrhoea	15	10	25
Other conditions :			
Non-gonococcal urethritis	14	—	14
Conditions requiring treatment	26	13	39
Conditions not requiring treatment	29	14	43
TOTAL ..	87	38	125
ATTENDANCES—ALL SHROPSHIRE CASES :			
Syphilis	126	307	433
Gonorrhoea	74	168	242
Other conditions	232	70	302
TOTAL ..	432	545	977

Shropshire residents also attended as new cases at the following out-county clinics :

	Syphilis	Gonorrhoea	Other conditions	Total
Stafford	—	—	2	2
Wolverhampton	1	4	53	58
Stoke-on-Trent	—	—	2	2

CARE OF MOTHERS AND YOUNG CHILDREN

Notifications of Births.—Particulars are given in the following table of the births which were notified as occurring in Shropshire during 1962, with corresponding figures for the preceding four years :

Table 25 : Notifications of Births

Year	Live Births	Stillbirths	Total
1958	4,855	106	4,961
1959	4,922	118	5,040
1960	5,194	121	5,315
1961	5,385	97	5,482
1962	5,462	103	5,565

The births in 1962 indicated above, which include all those taking place within the County whether or not the mother is normally resident in Shropshire, were distributed as follows :

	<i>Live Births</i>	<i>Stillbirths</i>
Domiciliary	2,064	18
In Hospitals and Institutions ..	3,329	85
In Private Nursing Homes ..	69	—
TOTAL ..	5,462	103

Allowing for “transfers out” (infants born in Shropshire but normally resident elsewhere) and “transfers in” (Shropshire infants born outside the County), the adjusted figures are as follows :

	<i>Live Births</i>	<i>Stillbirths</i>
Actual	5,462	103
Transfers—Out	479	9
In	288	6
Adjusted	5,271	100

Premature Births, Stillbirths and Abortions.—For statistical and other purposes, infants whose birth weight does not exceed 5½ lb. are regarded as premature, irrespective of the period of gestation. The following table indicates the survival rate of premature infants born in 1962, whose mothers were normally resident in this County, together with corresponding figures for the preceding five years :

Table 26 : Premature Infants

Year	BORN				DIED			SURVIVED	
	At Home	In Hospital	In Nursing Home	Total	Within 24 hours	Between 2nd and 28th day	Total	Alive after 28 days	Survival rate %
1957	115	*262	7	384	32	18	50	334	86.9
1958	90	221	*20	331	15	19	34	297	89.7
1959	82	267	*17	366	31	16	47	319	87.2
1960	92	292	*20	404	32	13	45	359	88.8
1961	85	251	*18	354	30	10	40	314	88.7
1962	88	285	*18	391	38	12	50	341	87.2

*Includes births at R.A.F. Hospital, Cosford.

Particulars relating to the birth weights in the case of premature live births and premature stillbirths which took place in this County during 1962 are summarised in Table 27 overleaf.

Table 27 : Premature Live Births and Stillbirths, 1962

Weight at Birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS					
	Born in Hospital			Born at Home						*Born in Nursing Home						Born in Hospital	Born at Home	Born in Nursing Home
				Nurses entirely at Home			Transferred to Hospital on or before 28th day											
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 ozs. or less	30	19	9	—	—	—	2	2	—	1	1	—	—	—	16	7	1	
Over 3 lb. 4 ozs. and up to 4 lb. 6 ozs. ..	49	4	40	3	—	3	6	—	6	2	—	2	2	1	10	1	2	
Over 4 lb. 6 ozs. and up to 4 lb. 15 ozs. ..	62	4	56	9	—	9	9	1	8	3	—	3	—	—	6	1	1	
Over 4 lb. 15 ozs. and up to 5 lb. 8 ozs. ..	144	4	139	50	—	50	9	2	6	10	—	10	—	—	10	2	—	
TOTAL ..	285	31	244	62	—	62	26	5	20	16	1	15	2	1	42	11	4	

Of 391 children who were born prematurely in 1962, a total of 341 (or 87.2 per cent) survived after 28 days, irrespective of the place of birth (home, nursing home or hospital), or degree of prematurity as evidenced by birth weight.

*Includes R.A.F. Hospital, Cosford.

Phenylketonuria.—This term denotes a rare condition (the suggested distribution being one case in 10,000 births) wherein an inborn error of metabolism results in failure to convert Phenylalanine in protein to Tyrosine, with consequent excretion of Phenylpyruvic acid in the urine.

Research in the United States and this country has led eminent medical authorities to the view that if these cases are detected early enough (preferably under the age of four months) treatment with phenylalanine-restricted diet will almost certainly lead to a child of normal mentality instead of the severe mental affliction which would otherwise attend this condition.

Towards the end of 1959 a reagent strip became available whereby, at nominal cost, all young babies could be tested for this condition, and routine testing is now undertaken in all babies between the ages of six and ten weeks.

Taking the case distribution suggested above one would not expect to find more than one or two cases in five years with a birth-rate such as that in this County, but it is considered that the arrangements outlined above are well worthwhile to ensure the detection of even one case over such a period, and there have in fact been no positive findings since routine testing was started in this County in 1960. An important factor which emerged after the end of the year, however, was the diagnosis of Phenylketonuria in a child who had been found negative by the reagent strip test at 8 weeks on 5th December, 1962.

The following are particulars of the routine tests, all of which were found to be negative, performed by County Council Health Visitors on children born in 1962 :

Table 28 : Testing of Shropshire Children born in 1962

	Born in County	Born out of County	Total
Not tested	8	4	12*
Died before test	83	15	98
Left County before test	111	18	129
Tested	4,780	251	5,031
TOTAL	4,982	288	5,270

*Of the 12 children not tested, 3 had removed to addresses unknown, 1 was a mongol and in 8 cases parental consent for the test was refused.

A further 96 tests, the results of which were negative, were performed on children of families who had moved into the County.

As in 1960 and 1961, in one of the cases tested it was thought necessary to have a laboratory report on a specimen of urine taken from the child, but this additional investigation revealed no abnormality.

Neo-Natal Cold Injury.—In recent years much concern has been aroused in the medical field by the problem of neo-natal deaths due to cold. Any baby may become severely chilled by being exposed to a low environmental temperature, but the babies most affected by chilling are the weakly babies, premature babies, those with a history of difficult birth or those who have a congenital heart or are suffering from an infection. If the body temperature of such an infant falls too far this may be a very serious matter and death may result.

Coldness of the external or room temperature is not the only factor, but this should signal warning of the danger of exposing a new-born infant, even a full-term apparently healthy baby, to the cold for even a short period. Other factors are unnecessary routine bathing of infants ; inadequate or too tight clothing ; insufficient cot coverings ; restriction of muscular movement and of peripheral circulation by tight wrappings ; failure to realise that although the infant may be put to bed in a warmed room it cannot withstand the drop in temperature in the early morning. Warmth must be constant.

By alertness to the dangers of hypothermia, chilling of the infant can be avoided at all times, but this condition is not always suspected and the infant may be ill for several days before diagnosis is made. This condition should be suspected in a new-born infant who refuses to feed and is lethargic, even immobile, where oedema is present or where the skin has lost its softness and feels hard, rigid or thickened. A striking and misleading feature often is the pinkness of the infant's face, giving an impression of health. The most significant sign is coldness to touch.

The months from November to March are the period when babies are most at risk and for all domiciliary confinements likely to occur during this time the Council's nurses and midwives report any cases in which room heating is likely to be inadequate or need supplementing. For this purpose, a stock of electric oil-convactor and paraffin heaters is maintained in the Health Department for immediate loan to necessitous cases, and all nurses and midwives are supplied with maximum-minimum thermometers so that room temperatures may be kept under review.

During 1962, heaters were loaned from the Health Department for 26 domiciliary confinements.

Birth Control Clinics.—Following the opening by the Family Planning Association of a Clinic at Murivance Welfare Centre, Shrewsbury, on 4th July, 1960, the County Council Birth Control Clinic previously held there for patients requiring advice on medical grounds was closed. In return for rent free accommodation the Association see and advise such medical cases free of charge.

Continuation of the Council's Birth Control Clinic at Wellington Welfare Centre, which was opened in 1956 and held five times per year, was kept under review following the opening of the Shrewsbury Family Planning Clinic, but as the number of attendances showed no improvement the Health Committee decided to discontinue it after the session on 19th September, 1962.

Below are particulars of attendances at the Wellington Clinic from its commencement to 19th September, 1962 :

Table 29 : Attendances at Wellington Birth Control Clinic

Year	Sessions	Patients		Medical Supplies		
		New	Total Attendances	Prescribed	Issued free	Cost Recovered £ s. d.
1956	5	21	27	20	4	7 6 10
1957	5	23	34	23	5	10 5 6
1958	5	9	21	21	1	7 0 9
1959	4	6	32	32	7	8 1 6
1960	4	6	35	35	2	9 0 9
1961	5	13	38	38	—	11 5 6
1962	4	7	27	27	—	8 7 8

Welfare Centres.—Particulars are given below of the Welfare Centres provided by the County Council and of the services available ; and table 30 on page 23 gives information with regard to the attendance at these centres and other voluntary clinics of pre-school children and expectant mothers during 1962.

New Welfare Centres.—New premises which were completed at Whitchurch and taken into use in September, 1962, are situated adjacent to the Cottage Hospital and provide facilities for Hospital Out-Patient Clinics in addition to the Child Welfare and Dental Base clinics.

At the end of 1962, two projects for welfare centre provision remained outstanding, namely, at Donnington where it is hoped that welfare centre facilities will be included in a future Community Centre and at Harlescott, Shrewsbury, where the Borough Council have agreed to sell to the County Council a site for a centre to serve the large housing development in the area.

COUNTY COUNCIL WELFARE CENTRES

KEY TO SERVICES

Local Health Authority :

- a. Ante-natal (a/m — Midwives; a/g — G.P.s)
- ar Relaxation and mothercraft
- au. Audiology
- b. Family Planning Association
- c. Child Guidance
- ch. Chiropody
- d. Dental
- e. Immunisation and Vaccination
- f. Domestic Help Office
- g. Child Welfare
- h. Group Training session
- i. Minor Ailments
- j. Mothers Club
- k. Refraction
- l. Speech Therapy
- m. Welfare Foods

Hospital and Specialist Services, etc. :

- n. Ante-natal exercise (n/h — Cross Houses Hospital Ante-natal Clinic)
- o. Chest
- p. Gynaecological
- q. Medical
- r. Ministry of Health examination sessions
- s. Ophthalmic
- t. Orthopaedic
- u. Paediatric
- v. Physiotherapy
- w. Psychiatric
- x. E.N.T.
- y. Surgical
- z. Welsh Board examination sessions

(C)—Premises owned by County Council

(R)—Rented on sessional basis

Centre	Address	Clinics	Frequency of Child Welfare Clinic
BASCHURCH	Mrs. Dawson's Room	(R) e, g	1st Tuesday
BAYSTON HILL	Memorial Hall	(R) e, g, m	1st and 3rd Mondays
BISHOP'S CASTLE	Stone House	(R) e, ch, g	2nd and 4th Fridays
BRIDGNORTH	(1) Northgate	(C) a, a/m, a/r, ch, d, e, f, g, i, l, m Gp. 15 H.M.C.: o, w	Mondays
	(2) Grove Estate	(R) e, g, m	4th Thursday
BROSELEY	Victoria Institute	(R) e, ch, g	1st, 3rd and 5th Thursdays
CHURCH STRETTON	Silvester Horne Institute	(R) a, e, g	1st and 3rd Thursdays
CLEOBURY MORTIMER	Parish Hall	(R) e, ch, g, m	1st and 3rd Wednesdays
DAWLEY	Doseley Road	(C) a, a/g, a/r, d, e, g, j, l, m	Tuesdays
DONNINGTON	(1) Turreff Hall	(C) a, ch, e, g, m	Wednesdays
	(2) Ordnance Depot	(R) e, g	2nd and 4th Fridays
ELLESMERE	Brownlow Road	(C) a, d, e, g, m	Tuesdays
HADLEY	Old People's Rest Room	(R) e, ch, g, m	2nd and 4th Tuesdays
HIGHLEY	Miners' Welfare Annexe	(R) a, ch, e, g, m	1st and 3rd Tuesdays
IRONBRIDGE	Severn Bank House, The Wharfage	(C) a, ch, e, g, m	Fridays
LUDLOW	(1) Cliftonville, Dinham	(C) a, a/m, a/r, au, d, e, f, g, l, m Gp. 15 H.M.C.: o	Mondays
	(2) East Hamlet Hall	(R) e, g	Thursdays
MADELEY	Church Street	(C) a, a/g, au, ch, d, e, g, l, m Gp. 27 H.M.C.: t	Wednesdays
MARKET DRAYTON	Longslow Road	(C) a, ch, d, e, f, g, i, k, l, m Gp. 15 H.M.C.: w	Wednesdays

MUCH WENLOCK NEWPORT	British Legion Hall Boyne House, Beaumaris Road	(R) a, e, g, m (C) a, a/m, a/r, ch, d, e, f, g, j, l, m	2nd and 4th Tuesdays Fridays
OAKENGATES OSWESTRY	Stafford Road Upper Brook Street	(C) a, d, e, g, k, m (C) a, c, ch, d, e, f, g, h, i, l, m Gp. 15 H.M.C.: n, o, s, w Gp. 27 H.M.C.: t Others: r, z	Fridays Wednesdays
PONTESBURY PREES	Public Hall Polish Camp, Higher Heath	(R) e, g (R) g	2nd and 4th Tuesdays 1st and 3rd Tuesdays
SHAWBURY SHIFNAL	Parish Hall Senior Social Club, Currier's Lane	(R) e, ch, g, m (R) e, g, l	Tuesdays Mondays
SHREWSBURY	(1) Harlescott (2) Meole Brace (3) Murivance (4) White House (5) Monkmoor	(R) a, g, m, (R) e, g, m (R) a, a/r, b, e, g, i, j, l, m, n/h (C) a, g, m (R) e, g, m	Tuesdays 1st and 3rd Thursdays Tuesdays and Fridays Thursdays and Fridays 1st and 3rd Tuesdays
ST. MARTIN'S WELLINGTON	Old C. of E. School Haygate Road	(R) e, ch, g (C) a, au, b, c, d, e, g, i, l, m Others: r	1st and 3rd Tuesdays Thursdays
WEM WHITCHURCH	The Shrubbery Brownlow Road	(C) a, ch, d, e, g, h, m (C) a, a/m, au, ch, d, e, f, g, h, l, m Gp. 15 H.M.C.: o, p, w, x, y	Thursdays Thursdays

Table 30 : Attendances at Child Welfare Centres during 1962

CENTRE	CHILDREN									EXPECTANT MOTHERS	
	CASES					ATTENDANCES				Total Cases (Post-natal in brackets)	Total Attendances (Post-natal in brackets)
	Made first attendance when under 1 year	Born in			Total	Under 1 year	1 but under 2	2 but under 5	Total		
		1962	1961	1960—57							
Baschurch	25	15	14	25	54	103	42	39	184	x	x
Bayston Hill	102	95	23	16	134	581	126	98	805	x	x
Bishop's Castle	27	19	22	6	47	176	107	131	414	x	x
Bridgnorth :											
Grove	16	16	20	41	77	123	54	89	266	x	x
Northgate	202	183	173	192	548	2,785	748	530	4,063	††72	332
Broseley	38	31	49	52	132	555	249	98	902	x	x
Church Stretton	47	37	34	44	115	419	184	107	710	—	—
Cleobury Mortimer	23	21	34	68	123	313	258	230	801	x	x
Dawley	172	126	151	236	513	2,121	680	911	3,712	—	—
Donnington :											
Turreff Hall	121	104	84	82	270	1,502	417	107	2,026	—	—
Depot	36	26	37	48	111	335	138	121	594	x	x
Ellesmere	68	56	61	82	199	664	264	275	1,203	—	—
Hadley	84	65	72	100	237	854	370	291	1,515	x	x
Highley	89	78	21	58	157	609	178	178	965	3	3
Ironbridge	72	45	27	44	116	672	200	145	1,017	—	—
Ludlow :											
Dinham	66	64	61	65	190	768	159	68	995	†28	125
East Hamlet	39	38	24	10	72	433	73	27	533	x	x
Madeley	83	46	37	81	164	688	155	224	1,067	—	—
Market Drayton	123	107	129	201	437	2,260	719	855	3,834	—	—
Much Wenlock	40	29	34	48	111	375	105	103	583	—	—
Newport	135	124	117	178	419	2,694	1,018	929	4,641	††71	292
Oakengates	108	103	34	55	192	1,358	350	202	1,910	—	—
Oswestry	234	188	68	28	284	3,106	626	321	4,053	—	—
Pontesbury	29	24	31	34	89	264	148	97	509	—	—
Prees	14	12	7	3	22	156	71	79	306	x	x
St. Martins	74	71	40	35	146	519	257	172	948	x	x
Shawbury	74	63	67	56	186	940	240	183	1,363	x	x
Shifnal	53	51	59	71	181	1,039	336	197	1,572	x	x
Shrewsbury :											
Harlescott	143	112	190	158	460	2,558	783	585	3,926	x	x
*Meole Brace	66	59	45	31	135	495	92	82	669	x	x
Monkmoor	120	100	50	21	171	837	171	173	1,181	x	x
Murivance	177	144	160	124	428	1,440	275	180	1,895	170(1)	301(1)
White House	184	152	157	217	526	3,072	838	812	4,722	178(7)	270(7)
Wellington	185	174	134	125	433	2,573	565	331	3,469	—	—
Wem	63	55	43	53	151	850	313	377	1,540	—	—
Whitchurch	119	101	93	112	306	1,216	380	444	2,040	†94	346
TOTAL	3,251	2,734	2,402	2,800	7,936	39,453	11,689	9,791	60,933	616(8)	1,669(8)

R.A.F. Child Welfare Centres

**Bridgnorth	41	31	35	67	133	446	129	279	854	x	x
Buntingsdale	137	102	76	37	215	1,738	324	201	2,263	x	x
Cosford	39	23	40	60	123	581	182	311	1,074	x	x
TOTAL	217	156	151	164	471	2,765	635	791	4,191	—	—

†District Nurse's Session.

††Including District Nurse's Session.

xNo Ante-Natal Clinic.

*Opened 15th February, 1962.

**Closed 27th December, 1962.

Child Guidance : Pre-School Children

Recommendations made jointly in Circular 3/59 by the Ministries of Education and Health stressed the desirability of close co-operation between Local Education and Health Authorities in regard to advice on child guidance for children below school age.

The view is widely held that the causes of much emotional disturbance and maladjustment date back to the early years in a child's life. The recognition and treatment of early behaviour difficulties are facilitated by the staffs of maternity and child welfare centres seeking the advice of the Child Guidance Service in cases of possible emotional difficulty, enabling them, in appropriate cases, to deal themselves with more of the behaviour difficulties and other problems they encounter.

Medical Officers, after conferring with the Family Doctor and if he so wishes, send a report to the Central Department upon any case of emotional and behaviour difficulty in a pre-school child which they encounter in the course of their work at child welfare centres, so that advice may be obtained in suitable cases from the Child Guidance Service.

Eight cases were so referred during 1962.

Care of Illegitimate Children and Unmarried Mothers

The County Council have, since 1945, utilised the services of Moral Welfare Workers employed by the Lichfield and Hereford Diocesan Associations, of which the former is registered as an Adoption Society, to deal with the various problems associated with the care of unmarried mothers and illegitimate children, for whom the Local Health Authority have certain responsibilities. The County Council have representatives on the Councils of each of these bodies.

For these services, the Council pay annual grants to the Associations. In 1962, these amounted to £800 to Lichfield and £550 to Hereford.

Confinements, actual and impending, of unmarried mothers are notified to the Health Department by Health Visitors, Midwives and Nurses, Hospitals and Institutions. The appropriate Moral Welfare Worker is then informed and pays an initial visit as soon as practicable, continuing to visit each case as necessary.

Particulars are given in the following tables of the work undertaken during 1962 in the general supervision of unmarried mothers and illegitimate children, and it will be seen that 161 children came under supervision during the year, representing 62 per cent of the illegitimate births assigned to the County.

Table 31 : Supervisory Work undertaken by Moral Welfare Workers

Association	Moral Welfare Workers	Case Visits	Unmarried Expectant Mothers coming under supervision
Lichfield	1*	462	98
Hereford	2†	168	30
TOTAL	3	630	128

*Has the assistance of a part-time worker who carries out routine visits only.

†One of these officers also undertakes duties in the Hereford Archdeaconry, estimated to be equivalent to half her time.

Table 32 : Children Supervised

	Lichfield	Hereford	Total
On Register on 1st January ..	157	82	239
Added during year	132	29	161
Removed during year	123	50	173
On Register on 31st December ..	166	61	227

Removals from the Register are accounted for as follows :

Attained school age	36
Mother married—child with mother	37
Left County with mother	19
To adopters—in Shropshire	28
elsewhere	39
In care of Children's Officer	5
Lost sight of	3
Help refused	3
Died	1
Mother killed (road accident)	2
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Accommodation for Unmarried Expectant Mothers.—In order to meet the accommodation requirements of unmarried mothers, both prior and subsequent to confinement, the Council have arrangements with the Shrewsbury Refuge and Shelter, Chaddeslode, with Myford House, Horsehay, and with St. Martin's Home, Hereford, for the admission of cases from this County.

Myford House and Chaddeslode receive annual grants from the Council and during the past few years these have been varied to help meet additional expense incurred by the Homes in maintenance and improvements. During 1962 these grants amounted to £350 and £450 respectively.

By arrangement with the Herefordshire County Council, five beds for Shropshire cases were reserved in St. Martin's Home, Hereford, maintenance costs being repaid on a proportionate basis, but as a result of a review of the situation the number of reserved beds was reduced during the year to three.

Chaddeslode and Myford House provide a total of 31 beds (20 at Chaddeslode and 11 at Myford House) and this accommodation is also open to cases from neighbouring counties.

The Council have two representatives on the Chaddeslode Executive Committee, of which the Deputy County Medical Officer is also a member and the County Medical Officer is a member of the Myford House Committee and of the Standing Committee of the Hereford Diocesan Association.

The following are the numbers of Shropshire cases admitted to Mother and Baby Homes during 1962 :

St. Martin's Home, Hereford	..	..	..	8
Chaddeslode, Shrewsbury	..	..	..	15
Myford House, Horsehay	..	..	..	2
Mrs. Hay Memorial Home, Wolverhampton	..			8
Mrs. Legge Memorial Home, Wolverhampton				5
Astbury House, Smethwick	..	..	..	1
				<hr/> 39 <hr/>

Report of the Principal Dental Officer

(Relating to dental work for Expectant and Nursing Mothers and Children under 5 years)

The art and science of Dentistry probably dates back to about 5,000 B.C. and seems to have originated as did other sciences in the river valleys of the Middle East. A strange mixture of religious exorcism and medical lore was used to destroy the 'worm that causeth toothache.' The idea that 'worms' caused toothache persisted for many centuries and could still be heard expressed in England just a few years ago. The Greeks developed the science to a high level. After the fall of the Roman Empire, however, and for many centuries, dentistry declined to a very primitive level in Europe until the 17th Century when 'tooth pullers' were fairly numerous throughout the land.

The nineteenth century saw a great development in dental education in the United States, and in 1840 the Baltimore College of Dental Surgery was founded. In England dental education was somewhat slower to get off the mark, and the first dental hospital and school was opened in London in 1858. Only recently have we seen the formation of the General Dental Council which acts in conjunction with the General Medical Council, a body of much longer standing.

Possibly this rather slow development has helped to produce a lack of understanding in the General Public of the need for dental hygiene and its importance in maintaining overall good health. The ordinary man-in-the-street cannot be said to have really co-operated with his dentist either in the nineteenth century or since. The image of the 'tooth puller' still exists. Often we hear the tale—"I don't believe in fillings, I want all my teeth out, better sooner than later, as they only have to come out in the end." Many parents consent to treatment only on the understanding that the treatment will consist of extractions and that no fillings will be done. Many young women after marriage just couldn't care less about their appearance, either dentally or generally. It is as though they had said to themselves—"I have now achieved my goal and there is no need to bother about such minor things anymore, in any case there is no time." This attitude is reflected in the dental health of their children.

In many cases, by perserverance, talks etc., and sheer hard work, which incidentally does not show in statistics, the dental officer can educate these people to an awareness of dental health. The resources in manpower etc. of the School Dental Service, the one organisation that could really help with organised dental hygiene education, are pitifully small. However, as I wrote in my last report, there are signs among patients attending our clinics of an increasing awareness in the need for dental care ; an appreciation that dentistry does not just consist of extractions, but is a complex and highly skilled science which can be of great help to people. It is an uphill battle, however, against many adverse factors.

This leads me once again to the question of school tuck shops. The selling of sweets at school must cease. Those parents who have taken care to ration sweets during pre-school days must find it rather depressing to find that on entering school, their children are in many cases encouraged to buy such items to help school funds. If only we could persuade all school tuck shop organisers to sell nuts, fruit, etc. instead of sweets.

Using slides produced by the department, and films bought or borrowed, the dental staff gave a number of talks during the course of the year, many evenings being given up to this work so that no time would be lost in clinical work. Although this is a drop in the ocean, the dental department is geared for expansion in this field, but is held back by shortage of staff. This effort will still be needed even if fluoridation is accepted on a national scale.

Dental Care of Expectant and Nursing Mothers and Children under School Age

No. of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :									
(i) Senior Dental Officer	..	..	..	..	..	..	..	..	0.15
(ii) Dental Officers	..	..	..	..	..	..	..	..	0.75
No. of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service ..									
	..	..	..	..	..	..	..	..	0.15
No. of dental clinics in operation at end of year	..	..	..	..	..	..	..	..	13
Total number of sessions (i.e. equivalent half days) devoted to maternity and child welfare patients during year	..	..	..	..	..	..	..	..	305
No. of dental technicians employed by the Local Health Authority's own laboratories at end of year ..									
	..	..	..	..	..	..	..	..	2
<i>Patients dealt with :</i>						1960	1961	1962	
Expectant and Nursing Mothers—									
Examined	..	..	..	..	..	441	360	367	
Treated	..	..	..	..	..	546	500	437	
Pre-School Children—									
Examined	..	..	..	..	..	419	438	514	
Treated	..	..	..	..	..	371	412	411	
<i>Treatment carried out :</i>									
Expectant and Nursing Mothers—									
Fillings inserted	..	..	..	..	..	735	696	669	
Extractions	..	..	..	..	..	1,991	1,327	1,045	
Dentures supplied	..	..	..	..	..	303	276	195	
Pre-School Children—									
Fillings inserted	..	..	..	..	..	183	197	290	
Extractions	..	..	..	..	..	654	822	786	

Table 33 : Expectant and Nursing Mothers and Pre-School Children provided with Dental care during 1962

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and Nursing Mothers ..	367	358	437*	241
Children under five years	514	390	411*	259

*Includes cases brought forward from the previous year.

Table 34 : Forms of Dental Treatment provided during 1962

	Scalings or Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	161	669	—	—	1,045	149	94	101	37
Children under five years ..	1	290	83	—	786	302	—	—	3

C. D. CLARKE,
Principal Dental Officer.

National Welfare Foods

The County Council are responsible for the distribution of National Welfare Foods (dried milk, orange juice, cod liver oil and vitamin A & D tablets).

There were on 31st December, 1962, nine main distribution centres in the County, of which five were staffed by paid part-time workers ; and four, through the kind offices of Mrs. I. M. Wilson, M.B.E., County Organiser of the Women's Voluntary Services, by voluntary workers. In addition, 85 smaller selling points were in operation of which all except three were staffed by voluntary workers. Thanks are due to all who voluntarily distribute these foods and allow their premises to be used in many cases also.

Issues.—Particulars of the foods issued during 1962, with comparable figures for the previous year, are given in the following table :

Table 35 : Welfare Foods Issues

Items	Average weekly issues		Total issues	
	1961	1962	1961	1962
National Dried Milk—tins	1,340	1,214	69,654	63,002
Orange Juice—bottles	1,473	904	76,620	47,034
Cod Liver Oil—bottles	211	95	10,978	4,916
Vitamin A & D Tablets—packets ..	194	108	10,106	5,631
TOTAL ..	3,218	2,321	167,358	120,583

The fall in the demand for Orange Juice, and for Cod Liver Oil and Vitamin tablets, is related to the fact that the price of the former was increased from 5d. to 1/- per bottle and the latter items, previously issued free of charge, were priced at 1/- and 6d. respectively from 1st June, 1961.

NURSING STAFF AND SERVICES

Nursing Staff employed by the County Council.—The following are particulars of the Nursing Staff establishment and of the numbers employed by the County Council on 31st December, 1962, with corresponding figures for the two preceding years :

Table 36 : Staffing and Establishment

Whole-time Nursing Staff	Establishment	On 31st December		
		1960	1961	1962
Superintendent Nursing Officer	1	1	1	1
Deputy Superintendent Nursing Officer	1	1	1	1
Assistant Nursing Officers	2	2	2	2
Tuberculosis Health Visitor	41	1	1	1
Health Visitors		34	33	36
School Nurses		4	4	4
Nurse-Midwives	74	69	69	69
Midwives	7	5	7	7
Home Nurses	8	8*	8*	8*
Relief Nurses	6	5	5	6

*Includes one nurse undertaking both nursing and school nursing duties.

Part-time staff employed on 31st December, 1962, are listed below with their whole-time equivalents :

	Staff	Whole-time equivalent
Relief nurse-midwives	7	4.88
Home Nurses	7	3.85
Health visitors, school and clinic nurses	11	3.76

Part-time health visiting duties are also carried out by District Nurse-Midwives who are either qualified Health Visitors or working under a dispensation granted by the Minister of Health. Their whole-time equivalent for establishment purposes is regarded as 11, giving a total Health Visitor establishment of 52.

District Training.—The Council's scheme for assisting District Nurse-Midwives to take a course of district training under the Queen's Institute of District Nursing was originally adopted in November, 1950, and is open to State Registered nurses who are also State Certified Midwives.

Training is given at an approved Queen's Training Home, normally for a period of four months, but if the trainee has been employed previously in district work for eighteen months or more, or holds the State Certified Midwife's Certificate, the period is reduced to three months.

On the satisfactory completion of training, the trainee is required to serve the Council for a period of one year, and then becomes eligible for a permanent appointment.

Only one candidate was recruited for training prior to 1954 but since then 19 candidates (including one recruited for a combined course of Health Visitor and District Training) have been accepted. With one exception all passed their examination and the candidate who failed was successful on the second attempt.

Transport.—Practically all Nurses and Midwives, including full-time and part-time relief staff, use motor transport for duty purposes, and the position on 31st December, 1962, was as follows :

Table 37 : Transport for Nursing Services

Nursing Staff	Number	Cars		Bicycles
		County Council	Privately Owned	
Nurse-Midwives ..	82 (82)	47 (46)	35 (36)	— (2)
Midwives	7 (7)	3 (4)	3 (2)	1 (1)
Home Nurses ..	8 (8)	3 (3)	4 (4)	— (—)

The figures in brackets are those for 1961.

Housing of Nursing Staff.—The provision of satisfactory accommodation for nurses and midwives is a practical necessity in order to recruit and retain suitable staff. About one-third of the Council's nursing staff occupy privately owned or rented accommodation which will not be available to their successors.

To provide replacement accommodation, standard-type houses and bungalows, approved by the Ministry of Health, are erected as occasion requires.

Particulars of the accommodation occupied by nurses and midwives, including Supervisory Nursing Officers and Health Visitors, in the Council's employment on 31st December, 1962, are as follows :

Houses, bungalows and flats	owned by the Council	..	..	..	..	..	28
	rented by the Council	..	..	..	..	..	26
	owned or rented by nursing staff or their relatives	..	..	..	..	..	29
Rooms	rented by nursing staff	..	..	..	..	..	4
							—
							87
							—

Agency Arrangements.—Under an arrangement with the Radnorshire County Nursing Association, the home nursing and midwifery services in the parishes of Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which have a population of 753 and an area of approximately 30 square miles, are provided by Radnorshire nurses, for whose services an annual grant of £330 is paid by the Council.

An arrangement exists with the Montgomery County Council whereby the home nursing, midwifery, health visiting and domestic help services in the parish of Brompton and Rhiston are undertaken by Montgomeryshire nurses. This parish, which has a population of 118 and an area of 2.8 square miles, is bordered by Montgomeryshire on three sides and is easily approached only from that County. Payment for nursing services is made to Montgomeryshire on a population basis and is in the region of £50 per annum ; and for Domestic Help by refund of actual costs.

MIDWIFERY SERVICE

Except for the agency arrangements referred to above, the County Council, as Local Health Authority, provide a domiciliary midwifery service by the direct employment of midwives who, prior to 5th July, 1948, were employed by the various County District Nursing Associations.

The Council are also the Local Supervising Authority for all midwives practising in the County for the purposes of the Midwives Acts and supervision is carried out by a non-medical supervisor and three assistants.

Domiciliary and Institutional Confinements.—General Statistics.—The following statistics relate generally to the work of all midwives, both domiciliary (including those in private practice) and institutional, in this County during 1962.

Notice of Intention to Practise.—The following are particulars of State Certified Midwives who were in practice in this County on 31st December, 1962.

Table 38 : Practising Midwives

	Midwives	Qualified to administer Gas/Air analgesia
Local Health Authority—		
Directly employed	89	88
Agency arrangement	3	3
Hospitals—National Health Service ..	56	56
Other	9	9
Nursing Homes	5	5
Private domiciliary practice	2	2
	164	163

Confinements.—The table below shows the numbers of confinements attended by midwives during 1962 :

Table 39 : Confinements attended by Midwives

Midwives	Domiciliary Confinements (Total 2,067)				Institutional Confinements (Total 3,435)	Total
	Doctor not booked		Doctor booked			
	Doctor present at delivery	Not present at delivery	Doctor present at delivery	Not present at delivery		
County Council	1	15	517	1,528	7†	2,068
Agency	—	—	—	1	—	1
Private practice	—	—	5	—	—	5
N.H.S. hospitals	—	—	—	—	3,072	3,072
Other hospitals ..	—	—	—	—	289	289
Nursing Homes	—	—	—	—	67	67
TOTAL ..	1	15	522	1,529	3,435	5,502

†Deliveries by County Council midwives in ambulances en route to hospital.

Administration of Analgesics.—Particulars of the domiciliary cases in which analgesics (gas-air, trilene and pethidine) were administered during 1962 are as follows :

Table 40 : Analgesics

Midwives	Gas/Air		Trilene		Pethidine	
	Doctor present	Doctor not present	Doctor present	Doctor not present	Doctor present	Doctor not present
Council	332	575	140	656	404	1,012
Agency ..	—	1	—	—	—	—
Private ..	—	—	—	—	—	—
TOTAL ..	332	576	140	656	404	1,012

NOTE.—Analgesics were given to 89 % of those confined at home (see page 31).

Notifications.—The following particulars relate to notifications which midwives (domiciliary and institutional) are required by the Rules of the Central Midwives Board to send to the County Council as Local Supervising Authority and which were received during 1962, with comparative figures for the preceding two years :

Table 41 : Notifications issued by Midwives

Year	Medical Aid (1)	Stillbirths (2)	Death of mother or child (3)	Artificial Feeding (4)	Liability to be a source of infection (5)	Having laid out a dead body (6)
1960	613	79	12	471	41	11
1961	588	42	7	—	41	—
1962	467	24	14	—	36	—

Amended Rules of the Central Midwives Board, which came into operation on 1st July, 1960, removed the necessity to submit to the Local Supervising Authority notifications of “Artificial Feeding” and of “Having laid out a Dead Body.”

Work performed by County Council Midwives.—Information about domiciliary confinements attended by County Council and agency midwives is compiled from case reports submitted immediately after the midwife ceases attendance.

Deliveries.—During 1962, there were in all 2,071 domiciliary confinements, of which 24 were attended either by doctors alone, by private midwives or by ambulance midwives in emergency, leaving 2,047 cases in which a County Council or agency domiciliary midwife was in attendance.

Table VI on page 110 shows the distribution of these 2,047 cases throughout the Nursing Districts of the County. Attendance on these cases involved 20,860 ante-natal and 31,151 midwifery post-natal visits—a total of 52,011 visits. On average each case received 10 ante-natal and 15 midwifery visits from the midwife.

The 7 whole-time Midwives in the Borough of Shrewsbury attended 398 cases, or an average of 57 each ; in the remainder of the County, where midwifery is combined with home nursing, and excluding cases attended by agency midwives, whose work in Shropshire is only part of their duties, the district nurse-midwives averaged 23 cases each.

In addition, 1,527 cases were attended following discharge from hospital after confinement, involving 6,346 visits. This work, one feels, is less satisfactory to the domiciliary midwife, who may feel “slightly slighted” and that she has been denied the chances of exercising her professional skill at the confinement. It is hard to see how this sharing can be avoided; and our domiciliary midwives play their part well, and for the most part philosophically, in such cases.

The following table, showing these hospital maternity discharges classified according to the “in-patient” period in days between delivery and discharge, with comparative figures for the preceding year, may be of interest.

Table 42 : Discharged hospital maternity cases

In-patient post-natal period (days)	Cases		Total visits by domiciliary midwife	
	1961	1962	1961	1962
1— 2	75	129	765	1,382
3— 5	175	226	1,213	1,488
6— 8	596	834	2,054	2,736
9—10	357	338	806	740
TOTAL ..	1,203	1,527	4,838	6,346

Ante-natal care was also afforded by the domiciliary midwives to 124 cases booked for confinements in hospital, involving 1,080 visits.

The preceding details are repeated in the table below for comparison with work performed during the previous year.

Table 43 : Cases attended by Domiciliary Midwives

Year	Staff		Domiciliary Confinements				Discharged Institutional Cases	
			Cases	Visits			Cases	Visits
				Ante-natal	Post-natal	Total		
1961	Midwives ..	6	416	4,063	5,914	9,977	210	798
	Nurse-Midwives	76	1,611	16,024	25,043	41,067	1,050	4,203
	TOTAL	82	2,027	20,087	30,957	51,044	1,260	5,001
1962	Midwives ..	7	398	4,468	5,846	10,314	253	926
	Nurse-Midwives	76	1,649	16,392	25,305	41,697	1,274	5,420
	TOTAL	83	2,047	20,860	31,151	52,011	1,527	6,346

Maternity Medical Services.—The Health Department midwives advise all expectant mothers to engage a doctor for Maternity Medical services. Of the 2,047 confinements, a doctor had been booked to provide maternity medical services in 2,031 cases (99.2 per cent); a doctor was present at delivery in 517 (25.5 per cent) of these cases.

Of the remaining 16 cases (0.8 per cent) in which no doctor had been booked, one was present at delivery in 1 case (6.3 per cent).

Blood examinations.—Ante-natal blood testing of an expectant mother is necessary to detect anaemia ; to determine Wassermann and Kahn reactions as tests for Syphilis ; and to establish her blood group and, in certain cases, to see if antibodies are present.

By agreement with the Local Medical Committee, every midwife is supplied with blood tubes, labels and envelopes for specimens to be taken by the general practitioner and sent by the midwife to the Regional Blood Transfusion Centre in Birmingham. Where the practitioner does not wish to take the required specimen, the midwife is expected to refer the patient to a County Council medical officer at a Welfare Centre session, and the results of the test are subsequently notified to the practitioner concerned. Similarly, in domiciliary cases where a County Council midwife is not involved, blood testing outfits are sent to the practitioner on request.

All midwives have been supplied with Tallqvist test books for the estimation of haemoglobin. This test for anaemia is carried out by the midwife at the time of booking and again at the 30th week or thereabouts. Any case in which the haemoglobin level is below 75 per cent is referred to the general practitioner concerned. This is a useful test, recommended and approved by knowledgeable experts. It saves lives, and to criticise it seems to me a disservice to patients and to good obstetric practice.

Anaemia.—Minor degrees of anaemia are common in women. In pregnancy, the urgent demands of the foetus convert a slight deficiency into a gross deficiency, so that the mother's anaemia becomes much more serious. A severe anaemia may become a very dangerous condition when a moderate post-partum haemorrhage complicates the third stage of labour.

It is important, therefore, in ante-natal work to recognise cases of anaemia and to treat them appropriately. In the iron-deficiency anaemia, large doses of iron rapidly cause improvement, the haemoglobin value of the blood may rise by as much as 30 per cent in a month, and the corresponding improvement in the patient's condition is nearly always obvious.

Rhesus Factor.—In about 85 per cent of men and women their blood contains a property known as the "Rhesus Factor" ; blood containing this property is called Rh. positive, and that without Rh. negative.

An expectant mother whose blood is Rh. negative and who is married to an Rh. positive man may give birth to a child who will develop anaemia and jaundice shortly after birth—a condition known as "Haemolytic disease of the newborn." Prompt diagnosis and exchange blood transfusion afford the best chance of saving the lives of such babies.

For prompt action in such cases, midwives have been instructed to obtain cord blood specimens for immediate examination by the Coombs test in the following circumstances :

- when the laboratory investigations have shown that the child is likely to be born suffering from haemolytic disease ; OR
- if the child at birth appears jaundiced, anaemic or oedematous ; OR
- if at birth the first inch or so of the cord at the umbilicus shows a greenish-yellow discolouration. (This is a valuable early sign of haemolytic disease, although exceptionally it may be seen in a normal child; and it is a sound practice to examine the cord routinely for this discolouration immediately a baby is delivered) ; OR

(d) in all cases where *the mother's blood has not been examined ante-natally*.

The reports for 1962 show that blood specimens were known to have been examined for the Rhesus Factor and the results notified to the midwife in 2,029 cases (99 per cent) and for Wassermann and Kahn reactions (for Syphilis) in 1,730 cases (85 per cent).

Table 44 : Results of Blood Tests

Year	Rhesus Factor			Wassermann and Kahn		
	Tested	Positive	Negative	Tested	Positive	Negative
1962	2,029 (99%)	1,754 (86%)	275 (14%)	1,730 (85%)	1	1,729
1961	2,007 (99%)	1,707 (86%)	290 (14%)	1,757 (87%)	2	1,755
1960	1,845 (98%)	1,607 (87%)	235 (13%)	1,607 (86%)	2	1,605
1959	1,716 (98%)	1,491 (85%)	225 (15%)	1,486 (85%)	—	1,486
1958	1,833 (98%)	1,584 (86%)	249 (14%)	1,548 (83%)	1	1,547
1957	1,669 (90%)	1,460 (88%)	200 (12%)	951 (51%)	5	946
1956	1,225 (63%)	1,061 (87%)	164 (13%)	658 (34%)	2	656

One case in which a positive Wassermann result was obtained was known to be receiving treatment.

Coombs tests were performed in 269 cases. In 5 of these Rhesus groupings were not known and all produced a Coombs negative result. In the remaining 264 cases, a positive result was obtained in one case.

In this case, a male infant weighing 8lb. 8ozs., the Coombs result was "weak positive" and had no clinical significance since the condition at birth was apparently satisfactory, there being no necessity for admission to hospital for exchange transfusion. At the end of one month the baby's general condition was quite good with no evidence of jaundice, and subsequent progress has been uneventful.

It must be emphasised that the preceding statistics refer only to babies delivered at home by County Council midwives. That no such infant needed exchange transfusion in 1962 (and only one in 1961) does not mean that the condition is very rare. It means rather that the great majority of the babies at risk were born in hospital, as is the recommendation of the specialists concerned. The object of carrying out Rhesus testing in all pregnancies is to discover which babies will be in danger at birth, and to safeguard their lives by having them born in hospital where the best facilities are quickly available. Exchange transfusions were given to 16 babies following delivery at Copthorne Hospital in 1962, and 4 were admitted there for transfusion following delivery elsewhere.

Analgesics.—Twenty-eight sets of apparatus for the administration of Trilene were in use during 1962 by selected midwives in the busier areas.

All but one of the Council's midwives have been trained in the use of the Minnitt apparatus for the induction of Gas/Air analgesia and 77 apparatuses were in use during the year.

Pethidine was administered, on its own, in 129 cases and in conjunction with trilene and/or gas/air in a further 1,287 cases—a total of 1,416 confinements or 69 per cent.

Trilene was given in 169 cases and in conjunction with pethidine or gas/air in a further 627 cases—a total of 796 cases or 39 per cent of the domiciliary confinements.

Gas/air was given in 239 cases, and with pethidine or trilene in 669 cases—in 908 confinements in all or 44 per cent.

Analgesics, singly or combined with others, were therefore given in 1,824 cases—89.1 per cent of the total domiciliary confinements attended by County Council midwives.

Births.—Domiciliary confinements attended by County Council midwives resulted in the birth of 2,022 live infants, 10 pairs of live twins, and 15 single stillbirths.

Of the 15 confinements resulting in a stillbirth, the mother's blood group was Rhesus positive in 11 cases, negative in 3 cases and one case was not known to have been tested. The stillbirth rate per 1,000 domiciliary live and still births was 7.3 compared with 19.34 for domiciliary and institutional births in the County generally.

Premature births.—Eighty of the 2,047 confinements resulted in the birth of a live infant weighing 5½lb. or less.

Parity.—Of the 2,047 confinements, 293 or 14 per cent, were primigravidae.

General.—Complications, either during or after pregnancy, arose in 347 cases.

For one reason or another, removal to hospital was necessary in 92 cases, as under :

Mother	..	..	55
Child	..	..	22
Both ..	..	..	15

From the date of booking by the midwife to the termination of the puerperium, these 2,047 cases involved 258,291 days under care, or an average of 126 per case.

Relief arrangements.—There are 55 Nursing Districts in the County and in most of these the nurses relieve each other for off-duty and holiday periods, often working in groups of three or about that number.

In some areas it has been possible to recruit married nurses to undertake full-time and part-time relief duties in the district in which they live, but the greatest need is for mobile relief nurses who can be moved around to cover holidays, vacant districts, emergencies through sickness, etc. Consequently, in many areas staff are not getting their full off-duty periods.

No night rota system has been introduced in the areas served by full-time midwives because of difficulties arising in consequence of the training of pupil-midwives, not all the whole-time midwives being approved as teaching district midwives.

Local Maternity Liaison Committee.—The prospect and objects of this were alluded to in the introduction to my Annual Report for 1960 and the Committee for the Shropshire area was formed in 1961, as recorded in my Annual Report for the latter year.

The Honorary Secretary reports as follows:

“The first meeting of this Committee was held on 17th January, 1962, when members were welcomed by Mr. J. R. Riddell, Vice-Chairman (in the unavoidable absence of the Chairman) of the Hospital Management Committee. Mr. Riddell referred to the Ministry of Health’s circular of July, 1959, drawing attention to the recommendation of the Cranbrook Committee on Maternity Services that local maternity liaison committees, with a professional membership, should be set up, whose task it would be to ensure that the local provisions for maternity care in the area, whether provided by the hospitals, the local health authority or the general practitioner obstetrician were used to the best advantage. This task would include making local arrangements to ensure that there was a proper selection of patients for hospital confinement, that a sufficient number of hospital beds was reserved for ante-natal care and that there was no overbooking. The Committee would have to ensure that there was the closest co-operation between the hospital and the local health authority as the latter would be responsible for assessing cases of social need.

The Cranbrook Committee envisaged that these maternity liaison committees would ordinarily be organised at Hospital Management Committee level and considered that in all areas they should consist not of lay members but of persons working in the maternity services in the area, such as consultant obstetricians, domiciliary and hospital midwives, medical staff of the local health authority and general practitioner obstetricians.

Mr. Riddell said that the Shrewsbury No. 15 Group Hospital Management Committee welcomed the formation of this Committee and wished it well.

The members were Messrs. Barnett, Wolskel and Burke, Consultant Obstetricians ; Miss Rogers, Superintendent Nursing Officer ; Miss Stone and Miss Ibbetson, representing the Domiciliary Midwives ; and Miss Montague, Miss Farebrother and Mrs. Withers, representing the Hospital Midwives. Drs. Tom and William Hall and Dr. Crowley, represented the medical staff of the Local Health Authority, and Drs. Ballenden, Cullingworth and Watson, General Practitioner Obstetricians, were nominated by the Practitioners of the Local Medical Committee. Dr. Macaulay, Consultant Paediatrician, Dr. Urquhart, an ex-Chairman of the Local Medical Committee, and Dr. Mann, who is in charge of the obstetric beds at the Wrekin Hospital, were later co-opted.

At the first meeting Dr. Ballenden was unanimously elected Chairman. The Committee have met six times up to mid-summer 1963, when much useful discussion has taken place regarding the hospital and domiciliary maternity services.

In connection with the further recommendation of the Cranbrook Report in favour of clinical meetings bringing together for discussion of clinical matters all those persons responsible in a particular area for carrying out maternity care, the Chairman and Committee arranged three very interesting clinical meetings, when Mr. Burke, Mr. Barnett and Mr. Wolskel in turn gave talks on aspects of clinical obstetrics, to which all Practitioners and members of the Maternity Liaison Committee were invited. These sessions on Sunday mornings were very well attended and much appreciated.”

F. M. ROGERS,
Hon. Secretary.

Midwifery Training Scheme.—Arrangements for the establishment in Shropshire of a Part II Midwifery Training School were under active consideration by the County Council before the commencement of the National Health Service. However, it was not until the end of 1961, following proposals by the Birmingham Regional Hospital Board and in which the County Council agreed to co-operate, that the Central Midwives Board gave approval for a second Period Training School at Copthorne Hospital, Shrewsbury.

The number of pupil-midwives authorised to be in training at any one time is eight (4 in the school and 4 in the district). Five of the Council’s midwives are approved as teaching district midwives.

By the end of 1962, ten pupils had completed their training and nine of these were successful in obtaining their Part II Midwifery Certificate ; seven other pupils from the school were in training on the district on 31st December, 1962.

Puerperal Pyrexia.—Under the Puerperal Pyrexia Regulations, 1951, medical practitioners are required to notify as Puerperal Pyrexia any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or more has occurred within 14 days after childbirth or miscarriage.

During 1962, two cases of Puerperal Pyrexia were notified (neither of which proved fatal) compared with 7 in the previous year.

Ophthalmia Neonatorum.—This is defined in the Regulations as “a purulent discharge from the eyes of an infant commencing within 21 days from the date of its birth” and resulting, if untreated, in blindness.

One case of Ophthalmia Neonatorum was notified in 1962, and recovered without apparent ill-effect.

Pre-Eclamptic Toxaemia.—Cases confined in 1962 in whom Toxaemia had been reported and who had been the subject of special ante-natal care—visits by the midwife weekly or more frequently and progress reported on each occasion to the Health Department—numbered 277.

These cases occurred in the following age groups :

15 years and under	21	..	24
21	26	..	84
26	31	..	69
31	36	..	56
36	41	..	39
41	46	..	5
			<hr/> 277 <hr/>

The parity of these cases was as follows :

1st pregnancy	..	..	..	78
2nd	..	..	..	83
3rd	..	..	..	53
4th	..	..	..	35
5th	..	..	..	14
6th	..	..	..	5
7th	..	..	..	4
8th	..	..	..	4
9th	..	..	..	1
				<hr/> 277 <hr/>

Confinements occurred with the following seasonal incidence, 97 cases being delivered in hospital and 180 at home :

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
27	28	35	31	20	30	20	15	23	17	13	18	277

There were 11 stillbirths, representing 3.97 per cent of these confinements and 7 babies died shortly after birth. One death was due to suffocation and certified as accidental. In addition, 28 of the confinements resulted in a “premature weight” birth (5½lb. or less).

Maternity Outfits.—Under the National Health Service Act, 1946, maternity outfits are supplied by the County Council, without charge, to domiciliary confinement cases.

A supply of these outfits, and a stock of extra dressings, is held by every domiciliary midwife, who issues them on request. Outfits are delivered by the manufacturers direct to the district midwives and a central stock is held in the County Health Department for issue to cases in the Borough of Shrewsbury.

During 1962, a total of 2,520 outfits was issued to domiciliary confinement cases in the County.

Admission of Maternity Cases to Hospital.—Maternity patients are admitted to hospital on two grounds, namely, medical and “social.” When admission is required on medical grounds arrangements are made by the medical practitioner in attendance ; but when admission is desired for other than medical reasons arrangements for admission are made through the Medical Officer of Health of the Local Health Authority for the area in which the patient lives.

Applications to the County Health Department by general practitioners for the admission of patients to hospital on “social” grounds were, in 1962, referred to the Bed Bureau for the reservation of a hospital bed, but direct applications from patients or midwives are investigated in order to ascertain whether the home circumstances are such that confinement can properly take place at home.

This procedure is undertaken at the request of the Regional Hospital Board to relieve pressure on maternity accommodation in hospitals. Where, however, unoccupied maternity beds are available after the admission of essential cases, hospitals concerned may at their discretion admit patients who do not qualify on “social” grounds.

During 1962, applications were received in respect of 1,208 maternity patients for admission to hospital on “social” grounds (compared with 985 patients in the previous year). Of these, 13 were withdrawn by the patients before beds were reserved and the remaining 1,195 cases are accounted for as follows :

Recommended for hospital confinement and accepted by hospitals concerned	1,192
(Of these 25 patients cancelled their reservations)	
Recommended, but refused by hospital on account of non-availability of beds	Nil
Not recommended	3
	<hr/> 1,195

With the coming into operation of the National Health Service Act, there was an increase in the proportion of institutional confinements, and a fall in the proportion taking place at home ; and the following figures show that in Shropshire, domiciliary confinements, expressed as a percentage of all confinements, having remained stabilised at a figure above the average for the Country as a whole decreased in 1957, 1958 and 1959, but in 1960 the decrease was arrested and the trend reversed by an increase of 2% in the domiciliary proportion of total confinements for 1961 and 1962.

Table 45 : Domiciliary and Institutional Confinements

Year	Total	Confinements		Percentage of Domiciliary Confinements
		Domiciliary	Institutional	
1946	4,377	2,292	2,085	52%
1947	5,248	2,760	2,488	53%
1948	4,787	2,217	2,570	46%
1949	4,872	2,244	2,628	46%
1950	4,785	2,016	2,769	42%
1951	4,662	2,064	2,598	44%
1952	4,766	2,080	2,686	44%
1953	4,752	2,055	2,697	43%
1954	4,610	2,034	2,576	44%
1955	4,534	1,963	2,571	43%
1956	4,600	1,972	2,628	43%
1957	4,695	1,894	2,801	40%
1958	4,895	1,893	3,002	39%
1959	4,977	1,781	3,196	36%
1960	5,250	1,909	3,341	36%
1961	5,427	2,046	3,381	38%
1962	5,506	2,071	3,435	38%

Medical Practitioners (Fees) Regulations, 1948.—Under the rules of the Central Midwives Board a midwife is required in certain defined circumstances to seek medical assistance by the issue of a Medical Aid Form, and this remains a Rule of the Board and a firm instruction to our Salop midwives. The fee payable by the County Council (as Local Supervising Authority) under the Medical Practitioners (Fees) Regulations is not claimed where a medical practitioner has already undertaken to provide maternity medical services under Part IV of the National Health Service Act, 1946 ; in this latter case payment is made by the Local Executive Council.

In 1962, only four claims were made by Practitioners on the County Council, involving expenditure of £17 16s. 0d. for medical aid.

HEALTH VISITING

Under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, no nurse is allowed to undertake health visiting duties unless she has obtained the Certificate of the Royal Society of Health, or an equivalent qualification. Under a special dispensation of the Ministry of Health, however, nurses without this qualification are allowed to undertake certain health visiting duties. Dispensation in respect of part-time Health Visitors employed in this County who do not possess the Health Visitor’s Certificate was originally given by the Ministry for a period of two years from 1st May, 1949, and has been extended periodically, at present to 31st March, 1964.

The following table indicates the numbers of Health Visitors and Nurse-Midwives engaged, whole-time and part-time respectively, in health visiting duties :

Table 46 : Health Visiting Staff employed by the County Council

	Authorised Whole-time Establishment	On 31st December		
		1960	1961	1962
Tuberculosis Health Visitor	41	1	1	1
Health Visitors		34	33	36
District Nurse-Midwives (with Health Visitor’s qualifications) ..	11	12	13	14
” ” ” (without Health Visitor’s qualifications) ..	(whole-time equivalent)	19	19	16
	52	66	66	67
	—	—	—	—

In addition to the above, 4 whole-time School Nurses and 11 part-time staff undertaking duties as health visitors, school and clinic nurses were also employed. Practically all Health Visitors, whole-time and part-time, do school nursing and the following table shows their whole-time equivalent in terms of Health Visiting and School Nursing :

Table 47 : Health Visiting Staff : Whole-time equivalents

	Staff	Whole-time equivalent for	
		Health Visiting	School Nursing
Tuberculosis Health Visitor	1	1	—
Health Visitors	10	10	—
Health Visitors/School Nurses	26	18.72	7.28
District Nurse Midwives	38	4.30	2.53
School Nurses	4	—	4
Part-time Health Visitors, school and clinic nurses ..	11	3.29	0.47
	80	37.31	14.28

Health Visitor Training Scheme.—The Council’s Training Scheme is open to State Registered Nurses under 35 years of age who have either obtained the State Certified Midwives Certificate, or have completed Part I of the training for that certificate, and who are willing to enter into a contract of service with the County Council for a period of thirty-three months from the date of commencement of training. Under this scheme, the training and examination fees are met by the County Council and the student receives in respect of her period of training (approximately nine months in duration) three-quarters of the minimum salary for a Health Visitor. A trainee already in the Council’s service, however, whose salary as a nurse-midwife is above the minimum for a Health Visitor, receives during training three-quarters of the salary she was receiving immediately prior to training.

On the successful completion of training, the student enters the Council’s service for the remaining period (two years) of her contract at the appropriate point on the Health Visitor’s salary scale and at the end of this period, subject to satisfactory service, she is offered permanent employment in the County.

The approximate cost to the County Council of training a Health Visitor under this scheme is set out below :

	£	s.	d.
During training (75 % of minimum salary) ..	416	5	0
Tuition fee (average)	35	0	0
Examination fee	8	8	0
Travelling allowance (5/- per week)	9	15	0
	£469	8	0

Since the inception of this scheme in 1947 until the end of 1962, the number of students accepted for training was 41, of whom 37 were successful in obtaining their Certificates. One student was in training at the end of the year and three will begin training in 1963.

Work performed.—During the year, the duties of whole-time and part-time Health Visitors involved visits, for one reason or another, to 16,399 families, compared with 16,481 visited in 1961. Most of these visits were to children under 5 years, of whom 25,229 individual children were visited as against 24,941 in the previous year. Particulars of these visits are summarised in the table below, with corresponding figures for 1961 and 1960; and Table VI on page 110 shows the health visiting work performed in the Nursing Districts by the part-time Health Visitors.

Table 48 : Visits paid by Health Visitors

Health Visiting Staff				Expectant Mothers		Children				T.B. House-holds	Other Cases	All Visits— Total
						Under 1 year		1 and under 2 years	2 and under 5 years				Total Visits
				First Visits	Total	First Visits	Total					
Whole-time	845	1,573	4,314	30,971	14,270	20,186	65,427	2,294	6,673	75,967		
Part-time	—	—	841	8,228	3,629	4,835	16,692	223	1,440	18,355		
Total for 1962	845	1,573	5,155	39,199	17,899	25,021	82,119	2,517	8,113	94,322		
„ „ 1961	852	1,788	4,921	38,986	17,693	25,815	82,494	2,870	7,753	94,905		
„ „ 1960	637	1,251	4,875	33,756	15,811	23,663	73,230	2,765	7,272	84,518		

In addition, ineffective visits to all categories of cases during the year totalled 11,051, or 10.5 per cent of the total visits.

The above table does not include the work of the whole-time Tuberculosis Health Visitor, who made 455 effective and 78 ineffective visits to tuberculous households, attending also out-patient sessions at the Chest Clinics held in different parts of the County under Hospital Management Committee arrangements, and thereby facilitating and maintaining close contact therewith.

The agency arrangement with Montgomeryshire referred to on page 28 also covers health visiting in the parish of Brompton and Rhiston and during 1962 agency Health Visitors carried out 7 visits, involving 4 children under 5 years in 4 families together with 4 visits to other cases.

Health Services and General Medical Practitioners.—No formal arrangements have been made in this County for Health Visitors to be attached to General Practitioners or group practices. The establishment of Health Visiting staff is still well below strength and the difficulties of sharing staff between two or more Practitioners or practices would outweigh any advantages ; but Health Visitors are encouraged to get to know and offer their help to the doctor in their area.

Practitioners may confer directly with local Health Visitors if they so wish.

Alternatively they may find it simpler to telephone or write about their need to the Central Health Department (Telephone : Shrewsbury 52211 and ask for Health Department with name of Section if possible). Such enquiries are welcomed and every effort is made to provide appropriate services.

HOME NURSING SERVICE

As in the case of the domiciliary midwifery service, the Council provide home nursing by the direct employment of nursing staff, except in the parishes of Brompton and Rhiston, and Llanfairwaterdine, Bettws-y-Crwyn and Stowe, which are covered by agency arrangements with the Counties of Montgomery and Radnor respectively.

Of the full-time Home Nurses in the Council's service at the end of 1962, seven were employed in Shrewsbury, one in Ironbridge and one in Ludlow. Elsewhere in the County, home nursing is combined with midwifery and undertaken by the nurse-midwives in the various nursing areas.

Cases attended.—Every case attended for home nursing purposes is the subject of a case report, completed by the nurse on termination of attendance or at 31st December where the patient is still on the nurse's books. From these reports punched card statistics are obtained for the purposes of official returns and study of the various aspects of the service.

During 1962, home nursing was provided for 6,200 patients, who received 137,097 visits—an average of 22 per case. Compared with the previous year, cases decreased by 56, and visits by 772.

The table below compares work undertaken in 1962, with that for the previous year. The 8 whole-time Home Nurses each attended on average 127 cases for 3,733 visits or 30 visits per case ; excluding the agency nurses, whose work in Shropshire is only part of their duties, the nurse-midwives each attended 72 cases for 1,489 visits—an average of 21 visits per case.

Table 49 : Home Nursing Cases

Year	Staff	Cases attended	Total Visits
1961	Home Nurses .. 7	946	29,468
	Nurse-Midwives 76	5,310	108,401
	TOTAL 83	6,256	137,869
1962	Home Nurses .. 8	1,012	29,861
	Nurse-Midwives 76	5,188	107,236
	TOTAL 84	6,200	137,097

The decrease in cases attended, noted annually since the introduction of the present statistical methods in 1956, continued in 1962 although to a lesser degree than previously, the numbers falling by only 56. With an ever increasing proportion of aged in the general population, one would anticipate an increasing demand for home nursing services. This phenomenon is national as well as local, and the reasons are difficult to explain. The use of antibiotics may be one, but there is also the fact that hospital admissions and out-patient attendances are increasing year by year.

In 1962, fewer cases were attended by the Home Nurses for conditions such as upper and other respiratory diseases (154 less), diseases of the ear (56 less), senility (43 less) and injuries (29 less). Increased cases resulted from anaemia (92 more), diseases of the bones, joints and muscles (53 more) and of the skin and subcutaneous tissues (45 more).

Table VI on page 110 gives particulars of the number of cases attended in 1962 in each nursing district in the County, including those covered by agency arrangements.

Of the 6,200 cases attended :

- 3,033 (or 49 per cent) were 65 years or over when first visited during the year and received 90,585 visits (66 per cent of the total) ;
- 467 (or 8 per cent) were children under 5 years and received 3,262 visits (or 2 per cent of the total) and
- 1,329 (or 21 per cent) received more than 24 visits during the year and accounted for 101,321 visits (74 per cent of the total).

The increasing use of this Service for the aged is shown in the table below and, with the provision of Home Help for the elderly and chronic sick as indicated in Table 85 on page 63, it is clear that the Local Health Services are playing a major part in the care of the aged.

Table 50 : Home Nursing of the Aged (over 65)

Year	Cases		Visits	
		%		%
1956	3,072	39.1	93,863	60.4
1957	3,033	39.5	96,088	61.0
1958	3,119	43.5	99,388	64.8
1959	3,035	43.7	92,228	64.4
1960	3,023	45.1	94,652	65.8
1961	3,032	48.5	92,637	67.2
1962	3,033	48.9	90,585	66.1

Diseases.—Table VII, on page 111, shows the distribution, by diseases or ailments and according to sex and age groups, of all home nursing cases attended during the year.

In order of frequency, anaemia (603), injuries (584), diseases of the heart and arteries (493), diseases of the skin and subcutaneous tissues (480), diseases of the breast and female genital organs (471) and upper and other respiratory diseases excluding tuberculosis (457) were the most common types of cases necessitating home nursing and accounted for 50 per cent of all such cases.

Referral.—Nurses attend patients only with the concurrence of the family doctors concerned: 76% of the cases attended were referred by Practitioners.

Occupations.—Of those attended—4,107 (or 66 per cent) were females.

The table below shows the distribution of home nursing cases according to their occupations and it will be seen that housewives provide the major part of the nurses' work :

Table 51 : Occupations

Occupation	Cases	Percentage
Pre-School	469	8
School	337	5
Actively employed	938	17
Housewives	3,314	53
Retired	976	16
Others (independent means, etc.) ..	166	3
TOTAL ..	6,200	100

The percentage of retired persons may seem rather contradictory in relation to Table 50, but the simple explanation is that housewives do not retire !

Treatments.—Of the 6,200 patients visited, 4,752 or 77 per cent, were attended for one particular purpose ; 1,066 patients (17 per cent of the total) were attended solely for injections, 1,303 (21 per cent) solely for dressings and 947 (15 per cent) for general nursing care only.

The statement below indicates the types of treatment given and the cases treated, those receiving more than one type of treatment being classified under that constituting the main reasons for nursing attendance.

Table 52 : Treatments

Treatment				Cases	Total	Visits	Total
Injections	..	..	..	1,066		28,975	
„ with other treatments	..	..	..	478		16,864	
					1,544		45,839
Blanket baths	..	..	..	236		5,778	
„ with other treatments	..	..	..	352		13,191	
					588		18,969
Enemas	..	..	..	301		1,758	
„ with other treatments	..	..	..	117		2,250	
					418		4,008
Dressings	..	..	..	1,303		23,657	
„ with other treatments	..	..	..	193		6,543	
					1,496		30,200
Changing of pessaries	..	..	..	170		481	
„ with other treatments	..	..	..	69		496	
					239		977
Washouts, douches, etc.	..	..	..	120		1,024	
„ with other treatments	..	..	..	91		1,738	
					211		2,762
General nursing care	..	..	..	947		26,771	
„ with other treatments	..	..	..	6		72	
					953		26,843
Preparation for diagnostic investigation	..	..	..	179		223	
„ with other treatments	..	..	..	11		28	
					190		251
Eye, ear, nose and throat treatments	..	..	..	99		2,317	
„ with other treatments	..	..	..	17		583	
					116		2,900
Others	..	..	..	445		4,348	
					445		4,348
TOTAL					6,200		137,097

Injections.—It will be seen from the above figures that 1,544 patients (25 per cent of all cases) received injections during 1962, and that 1,066 of these (69 per cent of injection cases) were attended solely for that purpose.

In all, injection cases accounted for 45,839 visits (33 per cent of the total) and those who had injections only without any other form of treatment received 28,975 visits (21 per cent of all visits).

Many cases, particularly those suffering from diabetes and anaemia, were visited every day of the year.

Table 53 shows, by disease or ailments, the numbers of cases whose treatment included injections, either solely or in conjunction with other treatments, and indicates anaemia, respiratory diseases, diseases of the heart and arteries, and diseases of the skin to be the principal conditions necessitating home nursing attention for injections.

Table 53 : Nursing cases receiving injections

Diseases	Cases receiving Injections				Visits
	Injections only	With general nursing care	With other treatments	Total	
Tuberculosis	15	—	1	16	1,084
Other infectious diseases	13	2	6	21	439
Parasitic diseases	—	—	—	—	—
Malignant and lymphatic neoplasms	6	12	25	43	1,799
Asthma	20	4	2	26	498
Diabetes mellitus	72	4	23	99	11,931
Anaemia	550	17	28	595	15,927
Vascular lesions affecting central nervous system	1	11	12	24	884
Other mental and nervous diseases	19	6	5	30	1,423
Diseases of the eye	1	—	1	2	16
Diseases of the ear	8	—	5	13	79
Diseases of the heart and arteries	108	30	27	165	4,746
Diseases of the veins	2	3	7	12	574
Upper respiratory diseases	42	7	27	76	526
Other respiratory diseases	29	35	28	92	1,077
Constipation	—	—	—	—	—
Diseases of the digestive system	22	3	18	43	661
Diseases of the urinary system and male genital organs	7	—	3	10	104
Diseases of the breast and female genital organs	21	1	24	46	548
Complications of pregnancy and the puerperium	34	9	2	45	390
Diseases of the skin and subcutaneous tissues	38	1	48	87	951
Diseases of the bones, joints and muscles	33	2	7	42	1,165
Injuries	5	1	21	27	217
Senility	3	—	3	6	484
Other defined and ill-defined diseases	15	3	4	22	307
Diseases not specified	2	—	—	2	7
	1,066	151	327	1,544	45,839

The provision from the end of August, 1962, of sterile syringes for all members of the nursing staff in the Borough of Shrewsbury, as reported on page 44, has proved of marked assistance to the staff and has fulfilled all expectations. At the time of writing, extension of these facilities to certain of the busier nursing areas of the County is in operation and further extensions are in hand.

Nursing of Children.—The report of a Committee of the Central Health Services Council on “The Welfare of Children in Hospital” states that when the nature of a child’s illness and conditions permit, mothers should be encouraged to nurse a sick child at home under the care of the family doctor and assistance where necessary from the home nurse and the home help service. Co-operation between the family doctor and the local health authority services with the help of the hospital and specialist services can prevent in suitable cases the removal of the child from home. For children in hospital, the health visitor should keep in touch with the family and encourage the parents to visit the child. A report of the health visitor on the home and family circumstances can be a useful factor in determining the best means of after-care and the prevention of a recurrence of illness. On discharge of a child from hospital, use should be made of the full range of local health authority services in consultation and co-operation with the family doctor.

No special arrangements are in force for the nursing of sick children, other than for premature infants. Premature baby cots, complete with stand, mattress, blankets, mackintosh sheet, hot water bottles and special feeder are held by nurse-midwives in strategic parts of the County for use in such cases. Excellent liaison continued during the year between the Department and Dr. Macaulay, Consultant Paediatrician, Copthorne Hospital, and Dr. B. D. Bower, Consultant Paediatrician at the Sorrento Maternity Hospital, Birmingham.

Figures in Table VII on page 111 show that 467 children under 5 years and 315 between 5 and 15 years received home nursing treatment during 1961. Of those under 5 years, 258 were referred to the nurses by the family doctor and 47 by hospitals. Of those dealt with in this age group, 25 were subsequently admitted to hospital and 30 referred by the nurses either to the family doctor or to hospital out-patient departments.

The principal conditions necessitating home nursing treatment for children are summarised in the table below.

Table 54 : Principal conditions necessitating Home Nursing for Children

Diseases	Children 0—15 years		
	Males	Females	Total
Injuries	121	79	200
Diseases of the skin and subcutaneous tissue	60	58	118
Upper respiratory diseases	35	38	73
Diseases of the digestive system	40	23	63

When notifications are received from hospitals of the discharge of children, these are passed on to the health visitors, who visit and ensure that full advantage is taken of the local health services.

Completed Cases.—Of the 6,200 cases attended, 5,105 (or 82 per cent) were removed from the books for varying reasons during the year. Table VIII on page 112 gives particulars of these cases by diseases, length of time on the books, visits, etc.

The reasons for cessation of home nursing attendance are given in the table below :

Table 55 : Cases removed from the Nursing Registers

	Cases	Percentage
Recovered, relieved or convalescent	3,019	59.1
Admitted to hospital or nursing home	754	14.8
Died	550	10.8
Referred to out-patients, own doctor, etc.	464	9.1
Gone away	225	4.4
Treatment undertaken by patient, relative, etc. ..	60	1.1
Discontinued	18	0.4
Others	15	0.3
	5,105	100.0

Of the 550 patients who died, major causes were cancer (28 per cent), diseases of the heart and arteries (25 per cent), vascular lesions affecting the central nervous system (21 per cent) and senility (8 per cent).

Each patient was attended on the average for 67 days and required 23 visits, or 2.4 visits per week. Night visits—those between the hours of 9 p.m. and 8 a.m.—were few, amounting to 0.15 per cent of the total visits.

VACCINATION AND IMMUNISATION

The Council's scheme under Section 26 of the National Health Service Act, 1946, provides for immunological protection against Smallpox, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, to be given by general medical practitioners or by Assistant County Medical Officers at Welfare Centres and Schools.

Vaccination against Smallpox.—For many years our successive annual reports have recorded the same advice on the question of vaccination against Smallpox—that successful vaccination confers, after an interval, complete protection against death from this disease, and almost complete protection against catching the disease even when exposed to it ; that this protection lasts for some years, that it is renewed safely and easily ; and that vaccination is best done in early childhood.

The events of the early months of 1962, when appreciable outbreaks of major Smallpox occurred in the Birmingham, Bradford and South Wales areas, occasioned much vaccination activity even in places where the disease never appeared and there were many demands from the public in this County.

Mass vaccination of the whole public when cases occur is against all modern thought and Government policy ; it is in practice a tremendous undertaking quite unwarranted while the risks to the public generally are infinitesimal ; it dissipates resources of lymph and manpower which can far more usefully be devoted to blocking potential lines of spread. The accepted principles for a generation or so in England have been to vaccinate contacts and those at special risk in concentric circles round sources of infection. In practice this has been found to work exceedingly well.

As vaccination is acknowledged to be a good thing and as the public seemed to want it, it seemed reasonable to encourage this *so long as there were available unlimited supplies of lymph*. Here the situation varied from hour to hour, almost from day to day, which was not hard to understand because a big public demand caused local difficulties of supply and particularly of distribution.

Arrangements were therefore made for an open public session at Wellington, the main industrial area of the County, where some 1,500 people were vaccinated in a day. This experiment of holding a public session was quite interesting, if only because it demonstrated the futility of 'open' sessions. About one-third of the people who attended were probably reasonably protected already, according to their histories and vaccination marks. With a lot of effort and dislocation of all other work, about 1,500 people were safeguarded, out of a population in East Shropshire of some 150,000. While the 1,500 would be safer than before, little had been done to safeguard the community in general, since the risk of any one individual having contact with the Smallpox virus is not great and the 1,500 persons vaccinated had presented themselves quite indiscriminately. In other words, the answer as we always knew, lay in routine vaccination in infancy and later and, when Smallpox is about, in having priorities for protection.

These priorities were decided upon as follows, excluding those who had been successfully vaccinated within the last year :

1. Contacts.
2. Hospital, medical, nursing and ancillary staffs; Ambulance staffs; General practitioners and ancillaries; families and intimate fellow residents of these classes.
3. Workers in laundries and public baths.
4. Staffs of Ministry of Labour, National Assistance Board, Ministry of Pensions and National Insurance.
5. People arriving from endemic or epidemic areas abroad or proceeding abroad.

In 1962, there were performed in Shropshire 4,391 successful primary vaccinations in small children (under 5 years), of which 2,783 were carried out by General Practitioners. Of these children, 2,580 were under one year of age and while it is difficult to relate this figure exactly to the 5,323 babies born in 1962, the percentage of those protected is about 48.

In all, primary vaccinations in 1962 totalled 16,491, of which 16,177 were successful, and revaccinations 19,112 with 18,542 successful. Of the total of 35,603 vaccinations performed, 27,479 were done by general medical practitioners and 8,124 by County Council medical staff.

Particulars are given in the table below of the distribution in the areas of Local Authorities within the County of all persons vaccinated or re-vaccinated during 1962.

Table 56 : Primary Vaccinations and Re-Vaccinations performed

Area	Local Authority	Births 1962	Under 1 year		1—4 years		5—14 years		15 years and over		Total	
			P	S	P	S	P	S	P	S	P	S
North-West Combined Districts	Ellesmere Urban ..	30	17	17	30	28	183	172	305	304	535	521
	Ellesmere Rural ..	136	71	69	50	49	405	394	480	472	1,006	984
	Wem Urban ..	37	36	35	15	14	150	147	240	239	441	435
	Wem Rural ..	206	101	98	48	48	292	286	464	457	905	889
	Whitchurch Urban ..	139	62	58	28	28	266	256	509	499	865	841
North-East Combined Districts	Dawley Urban ..	188	115	99	85	80	293	286	824	805	1,317	1,270
	Market Drayton Urban	113	40	39	55	55	140	140	212	212	447	446
	Drayton Rural ..	210	82	82	52	52	64	64	176	176	374	374
	Newport Urban ..	103	64	62	19	19	328	328	744	743	1,155	1,152
	Oakengates Urban ..	233	141	139	98	96	516	516	1,633	1,627	2,388	2,378
	Shifnal Rural ..	231	141	138	139	137	877	860	1,627	1,618	2,784	2,753
	Wellington Urban ..	259	133	132	169	167	444	432	1,240	1,215	1,986	1,946
	Wellington Rural ..	486	224	218	186	182	614	605	2,056	2,038	3,080	3,043
South-West Combined Districts	Atcham Rural ..	416	197	192	118	116	489	468	1,256	1,216	2,060	1,992
	Bishop's Castle Borough	19	18	18	4	4	49	48	182	178	253	248
	Church Stretton Urban	36	30	30	5	5	56	56	251	249	342	340
	Clun Rural ..	139	76	76	22	22	194	186	389	365	681	649
—	Ludlow Borough ..	118	72	69	65	60	412	403	885	868	1,434	1,400
—	Ludlow Rural ..	206	118	115	47	46	422	409	1,124	1,114	1,711	1,684
—	Bridgnorth Borough ..	181	88	85	95	86	265	207	506	366	954	744
—	Bridgnorth Rural ..	228	98	97	90	88	246	225	635	601	1,069	1,011
—	Wenlock Borough ..	224	103	99	125	122	496	488	1,061	1,048	1,785	1,757
—	Oswestry Borough ..	220	104	103	57	57	256	252	673	663	1,090	1,075
—	Oswestry Rural ..	296	139	138	83	82	387	384	679	676	1,288	1,280
—	Shrewsbury Borough ..	869	390	388	424	414	988	964	3,851	3,741	5,653	5,507
	TOTAL ..	5,323	2,660	2,596	2,109	2,057	8,832	8,576	22,002	21,490	35,603	34,719

Towards the end of 1962, the Minister of Health issued Circular M.L. 10/62 stating that the Standing Medical Advisory Committee, in the light of present information, advise that Smallpox vaccination should be offered to children during the first two years of life, *but preferably during the second year* and this policy is now being followed in Shropshire.

Diphtheria.—There was no notified case of, or death from, Diphtheria in 1962. In the years 1952 to 1961, there were two notifications and one death—the latter of a woman of 72 years, due to syncope, toxæmia and throat infection, but without any bacteriological evidence. Twenty years ago, in 1942, there were 121 notified cases and 6 deaths.

In 1962, primary immunisations against Diphtheria numbered 4,899 and re-inforcing injections 2,342, County Council medical staff undertaking 2,265 of the former and 1,326 of the latter.

Primary immunisations included 1,784 children who were born in 1962 and this represents 34 per cent of the 5,323 births in that year. Immunisation is now started at the age of 2 to 5 months.

Table 57 below shows the immunisation state of children under 15 years in this County at the end of 1962 and takes into account transfers into and out of the County. Table 58 shows the distribution of all children immunised in Shropshire in 1962, according to the areas in which they reside.

Table 57 : Immunisation in relation to Child Population

	Age Groups and Year of Birth				Total
	Under 1 year (1962)	1 to 4 years (1961—1958)	5 to 9 years (1957—1953)	10 to 14 years (1952—1948)	
Immunised in : (i) 1958 to 1962	1,718	13,658	10,293	5,859	31,528
(ii) 1957 or earlier	—	—	6,646	13,746	20,392
Estimated mid-year (1962) child population	5,140	19,160	47,500		71,800
Immunity index	33.4%	71.3%	(a) 34.0% (b) 76.9%		(a) 43.9% (b) 72.3%

(a) Percentage of children having primary immunisation or booster dose in the past 5 years.
(b) Percentage of children immunised since 1948.

Table 58 : Children Immunised against Diphtheria in the various County Districts

Area	Local Authority	Births 1962	Primary Immunisations—Children born in				Re-inforcing
			1962	1961—1958	1957—1948	Total	
North-West Combined Districts	Ellesmere Urban ..	30	16	29	10	55	17
	Ellesmere Rural ..	136	47	73	32	152	58
	Wem Urban	37	18	31	12	61	87
	Wem Rural	206	45	77	17	139	106
	Whitchurch Urban ..	139	33	32	12	77	47
North-East Combined Districts	Dawley Urban	188	78	102	9	189	114
	Market Drayton Urban ..	113	30	50	18	98	48
	Drayton Rural	210	56	107	13	176	52
	Newport Urban	103	50	65	8	123	47
	Oakengates Urban ..	233	107	90	7	204	170
	Shifnal Rural	231	74	133	39	246	67
	Wellington Urban ..	259	88	178	26	292	136
	Wellington Rural ..	486	167	197	23	397	240
South-West Combined Districts	Atcham Rural	416	118	195	34	347	251
	Bishop's Castle Borough ..	19	9	17	—	26	10
	Church Stretton Urban ..	36	18	24	—	42	11
	Clun Rural	139	35	63	4	102	28
—	Ludlow Borough	118	47	55	3	105	49
—	Ludlow Rural	206	79	104	6	189	91
—	Bridgnorth Borough ..	181	88	97	6	191	40
	Bridgnorth Rural ..	228	73	110	7	190	39
	Wenlock Borough ..	224	82	129	28	239	236
—	Oswestry Borough ..	220	73	112	17	202	87
	Oswestry Rural ..	296	68	157	14	239	48
—	Shrewsbury Borough ..	869	285	501	42	828	263
	TOTAL ..	5,323	1,784	2,728	387	4,899	2,342

Whooping Cough.—Facilities for immunisation against Whooping Cough have been available in this County since the coming into operation of the National Health Service Act and parents have been encouraged to have children protected at the early age of two to three months, since the disease takes its greatest toll in very young infants.

In 1962 there were 71 notified cases of Whooping Cough—the lowest ever recorded—and only one death, of a two months old unvaccinated child. In 1942 there were 351 cases and 6 deaths. The following table shows the average numbers of notified cases and deaths over five-year periods from 1948:

Table 59 : Whooping Cough—Five-year averages

	1948—52	1953—57	1958—62
CASES : Total Average	3,997 799.4	3,955 791.0	1,033 206.6
DEATHS : Total Average	22 4.4	5 1.0	2 0.4

During the year, 4,176 children were immunised against Whooping Cough, 2,502 by general medical practitioners and 1,674 by County Council medical staff. Children born in 1962 and immunised during the year totalled 1,782 or 34 per cent of the births in 1962.

The table below shows the distribution in the areas of Local Authorities of all children immunised during the year.

Table 60 : Children Immunised in Sanitary Districts

Area	Local Authority	Births 1962	Children Immunised			
			Born 1962	1—4 years (61—58)	5—14 years (57—48)	Total
North-West Combined Districts	Ellesmere Urban	30	16	27	1	44
	Ellesmere Rural	136	45	64	3	112
	Wem Urban	37	18	30	4	52
	Wem Rural	206	45	75	5	125
	Whitchurch Urban	139	33	31	8	72
North-East Combined Districts	Dawley Urban	188	78	92	8	178
	Market Drayton Urban	113	30	35	1	66
	Drayton Rural	210	54	90	5	149
	Newport Urban	103	50	51	5	106
	Oakengates Urban	233	107	79	5	191
	Shifnal Rural	231	78	102	4	184
	Wellington Urban	259	88	136	5	229
	Wellington Rural	486	167	162	12	341
South-West Combined Districts	Atcham Rural	416	118	186	25	329
	Bishop's Castle Borough	19	9	15	—	24
	Church Stretton Urban	36	18	18	—	36
	Clun Rural	139	35	57	2	94
—	Ludlow Borough	118	47	42	2	91
—	Ludlow Rural	206	78	82	4	164
—	Bridgnorth Borough	181	88	79	—	167
—	Bridgnorth Rural	228	72	88	4	164
—	Wenlock Borough	224	82	99	9	190
—	Oswestry Borough	220	73	102	14	189
—	Oswestry Rural	296	68	137	6	211
—	Shrewsbury Borough	869	285	369	14	668
	TOTAL	5,323	1,782	2,248	146	4,176

Reactions to Whooping Cough antigen may be sharp and even occasionally serious. It is felt that a child should not be given Whooping Cough antigen if it is febrile, if it is suspected of having a cold or otherwise being out of sorts, or if there is any history in the family of allergy such as eczema, or of convulsions or anomalous attacks which might be of nervous origin.

These dangers are real, but if such reasons suggest leaving a young baby unprotected, it may be some consolation to remember that the very young infant at risk may gain indirect protection if older children in the household are protected by (previous) immunisation, and that the Consultant Children's Physician some years ago expressed willingness to receive into hospital the older sibling developing Whooping Cough in a household where a new baby was expected shortly and if alternative accommodation could not be found.

Tetanus.—Protection against Tetanus was given in 1962 to 4,919 children under 5 years of age (2,504 of whom were immunised by general medical practitioners) and to a further 725 children between 5 and 14 years.

With the re-introduction of Triple Antigen, these figures show a substantial increase over previous years.

It has long been agreed that routine protection against Tetanus should be given to all, and especially perhaps to children in rural counties. This should prevent deaths from casual infections and there were 24 deaths in England and Wales from Tetanus in 1961. In Shropshire, one case—a child, who survived—was reported in 1962, one fatal case—a male worker aged 66 years—in 1961, one in 1960 and none in 1959.

Routine active immunisation with Tetanus Toxoid has been recommended because patients who sustain a wound likely to give rise to Tetanus and are treated with Antitoxin, may, especially if they have received it on some previous occasion, be subject to serum reaction, the dangers of which increase with repeated use of Antitoxin. Furthermore, the immunity conferred by Antitoxin is known to be short-lived and such injections, if repeated, may not ensure adequate protection. Active immunisation with Tetanus Toxoid will obviate these dangers and provide sufficient protection.

Particulars of every child receiving a course of injections against Tetanus from the Council's medical staff are supplied to the family doctor in the form of a gummed slip for attaching to the child's medical records.

While the Whooping Cough antigen can cause upsets and even danger on occasion, we do not think that Tetanus antigen ever does ; it should be remembered that we supply a combined Diphtheria-Tetanus antigen for primary or booster doses.

Vaccination against Poliomyelitis.—Since February, 1960, facilities for vaccination against Poliomyelitis have been extended to include persons up to the age of forty years and also special classes requiring protection for some specific reason.

The response to vaccination amongst the younger groups, i.e. children up to the age of fifteen years, has been exceptionally good, but in the older groups, particularly those to whom the scheme was last extended, the response has not been so good.

In January and February, 1962, Salk vaccine given by injection was in very short supply and in March supplies of Sabin (Oral) vaccine, which is given on lumps of sugar or in sugar syrup, were released by the Ministry of Health. Hitherto, this vaccine had only been available to Medical Officers of Health of areas where there had been a serious outbreak of the disease, as at Hull in 1961.

Protection with oral vaccine consists of three doses given with intervals of four to eight weeks between each, and although limited supplies of Salk vaccine eventually became available making it possible to give a choice, the majority of persons accepted oral vaccine.

Oral vaccine can also be administered to those who have previously received two injections of Salk vaccine, provided that it is given between ten and twelve months after the second injection.

The following table shows the numbers of persons who received third injections or doses of vaccine in 1962. It is interesting to note that, at first, many general practitioners continued to use Salk vaccine, although several have changed to oral since the storage problems have been relaxed due to the provision of a more stable vaccine.

Vaccinated by	Received 3 doses of Oral	Received 3rd doses of Oral following 2 Salk	Received 3rd Injections of Salk	Received a Full Course of either Vaccine
County Council Medical Officers	4,482	7,949	1,124	13,555
General Practitioners	1,445	1,414	2,041	4,900
TOTAL ..	5,927	9,363	3,165	18,455

During 1962 a total of 118 evening sessions were held; 10,522 attendances were made, an average of 81 per session.

Only one visit was made to an industrial undertaking, when 71 doses of oral vaccine were given. Five visits were, however, made to Shrewsbury Prison and a total of 478 doses of oral vaccine were given.

The following table shows the numbers who have received protection with three injections of Salk or three doses of oral vaccine since 1959 :

Age Groups	Vaccinated in				Total
	1959	1960	1961	1962	
Born 1962—1943 ..	47,453	9,001	5,670	10,563	72,687
Born 1942—1933 ..	10,339	7,932	2,103	2,363	22,737
Others	2,680	5,641	7,557	5,529	21,407
TOTAL ..	60,472	22,574	15,330	18,455	116,831

During the summer term, 1962, school children between the ages of five and twelve years were given the chance of receiving a fourth dose of oral vaccine at school—the offer mainly being extended to new entrants since September, 1961. This work was largely carried out by part-time Medical Officers recruited for the purpose and 2,223 children were given such doses.

Throughout the year a total of 3,585 children received fourth doses of oral vaccine, while a further 288 received fourth injections of Salk. Of these, general practitioners gave 298 their fourth doses of Oral and 221 their fourth injections of Salk.

Vaccination against Yellow Fever.—Travellers to certain countries in the East and in South America are required, as a condition of entry, to produce an International Certificate of Vaccination against Yellow Fever.

Facilities for such vaccination were, until 1st July, 1960, provided under Part II of the National Health Service Act, 1946, as part of the Hospital and Specialist Services at nineteen Regional Blood Transfusion Centres throughout the Country.

In Circular 19/59, the Ministry of Health informed Local Health Authorities that a type of freeze-dried vaccine had been developed suitable for storage in an ordinary refrigerator and asked whether Authorities would be prepared to provide this Service as part of their arrangements for the prevention of illness under Section 28 of the Act, the intention being to designate some forty Local Authority Centres for this purpose.

In the light of the geographic situation of Shrewsbury, in relation to existing vaccination centres at Birmingham and Liverpool and being the road and rail junction for Wales, the Health Committee agreed to provide this service and following confirmation by the Minister of Health the Council's proposals under Part III of the Act were amended accordingly.

From the 1st July, 1960, therefore, the County Health Department has been a designated Yellow Fever Vaccination Centre where travellers are vaccinated by appointment and an International Certificate issued on payment of a fee of eleven shillings, irrespective of whether they reside in the County or elsewhere.

By the end of 1961, 182 persons had been vaccinated against Yellow Fever at this Department and a further 140 vaccinations were undertaken during 1962.

Travellers and their family doctors are asked to take note that the accepted time for Yellow Fever immunisation is 3-0 o'clock in the afternoon of the first and third Mondays in the month. Attendance should be preceded by appointment, but, in cases of emergency, an attempt will be made to provide the service at other times if notice is given, preferably by enquiry which is best made at about 9-15 a.m.

County Central Syringe Service.—After considering the implications of the most up-to-date information on the preparation and sterilisation of syringes and needles, the Health Committee in 1960 authorised the provision of a central syringe service unit, which commenced operation in April, 1961.

The Service was designed to produce up to 300 outfits per day, each outfit consisting of a lubricated interchangeable syringe with needle mounted, enclosed in an aluminium tube with a cotton wool swab at the open end; the tube is sealed with a heavy aluminium foil cap and sterilised for not less than one hour at a temperature of not less than 160°C, the process being checked by chemical indicators. Following sterilization, a self-adhesive label is attached to the cap of each tube indicating that the outfit is sterile and bearing the batch number. In this way the indication of sterility is automatically removed to extract the syringe, so that used and unused items cannot be confused during mass immunisation sessions. No rinsing is required on the part of the user if the outfits are returned to the unit on the day of use. The used syringe (with needle still mounted) is returned to its tube after use.

When received back in the syringe unit the items are dismantled—tubes, syringe barrels and pistons into separate polythene bowls and needles into pads of cellulose foam to protect the points. The dismantled items receive a preliminary rinse in cold water to remove traces of injection material, following which they are left in a very hot weak solution of Sapo Mollis B.P. for at least ten minutes. Syringe barrels are cleaned by a rotary brush, pistons by soaking and hand brushing where necessary; and mounted in wire trays wherein they are conveyed to a rinsing tank and rinsed with five complete changes of water at 180°F., some two hundred syringes completing this latter procedure in less than fifteen minutes. Needles are cleaned by "hubbing" on a rotary nylon brush, then washed through with hot soap solution and rinsed in hot clean water.

All components are dried in a hot air cabinet, following which the needles are subjected to individual microscopic inspection and any defective point is reshaped by using a "lead lap" needle sharpener (needles repointed in this way are, of course, returned to the washing procedure before use); syringes are lubricated with a silicone fluid and the components re-assembled for sterilization.

Following these proceedings the assembled syringe and needle is sealed before sterilization and is, thereafter, not subject to handling or aerobic contamination until the outfit is opened for use.

During the first eight months' operation to the end of 1961, the service produced 53,810 outfits but, towards the end of that period, two significant factors (a national shortage of Salk poliomyelitis vaccine and the impending re-introduction of "Triple" Antigen) led to a marked reduction in the demand for sterile injection outfits and this trend continued with the introduction of Sabin oral vaccine for poliomyelitis early in 1962.

The combined effect of these events resulted in a decision of the Health Committee that the unused capacity of the Syringe Service should enhance the efficiency of the Home Nursing and Midwifery Service by the provision of sterile injection outfits for domiciliary use.

From the end of August, 1962, Home Nurses and Midwives in the Borough of Shrewsbury were supplied, as a pilot scheme, with sterile outfits and had used 3,020 of these by the end of the year, thus providing the patient with a sound modern service and eliminating irksome and time consuming preparation for the nurses.

The total output of the Syringe Service for the year 1962 was 33,264 outfits—or less than half the economic capacity of the unit. As a result of the decision by the Health Committee, plans were in hand at the end of the year for gradual extension of the supply of sterile outfits to nurses and midwives in other areas of the County.

AMBULANCE SERVICE

Report of the County Ambulance Officer

Operation.—The Ambulance Service in Salop, set up under Section 27 of the National Health Service Act, 1946, is operated from a Central Control at Ambulance Service Headquarters in Shrewsbury (Telephone No. Shrewsbury 6331) to which all enquiries should be made, and which is manned throughout the twenty-four hours so that effective action can be taken at any time, vehicles being despatched as most convenient from the main central station at Shrewsbury or from subsidiary stations at Oswestry, Whitchurch, Market Drayton, Donnington, Much Wenlock, Bridgnorth, Ludlow and Bishop's Castle.

The emergency 999 system is now almost universal and the procedure should be well known, but it is perhaps not out of place here to remind everyone calling an emergency service to give their message carefully and unhurriedly, because time so used is never wasted. Be at pains to state the exact point where the ambulance is required and how to find it easily, and do not forget there is more than one Albrighton in Salop, and several Walcots and Brocktons and Westons.

Communications.—Two-way radio-telephone equipment is installed in 34 vehicles, with a main transmitter at Abdon Burf (height 1,795 feet), the highest point of the Brown Clee Hill, and a reserve transmitter situated at Lyth Hill (height 560 feet) on ground made available by the Atcham Rural District Council.

During the year the second stage of the programme for replacing radio equipment, most of which was first supplied in 1954, was carried out, and further annual replacement will continue until 1964.

Good communications are essential to any Ambulance Service and all developments in this field are examined critically to ascertain their value in this County.

Rail Transport.—This means of transport is used whenever possible, as it is not only more economical but often more suitable than travel by ambulance ; recumbent patients remain on the same stretcher throughout the journey, transport from bed to station on entrainment and from train to final destination being undertaken by the Ambulance Service of the Local Health Authority for the area concerned. Unfortunately, some of the most recent designs of railway rolling stock are not suitable for this purpose and it seems likely that this very useful adjunct to the Service may ultimately be lost to us and may need to be replaced by normal ambulance transport. An order has been placed for the purchase of a vehicle enabling a stretcher to be used in an adapted estate car body, which will be used when necessary for this purpose, thus ensuring, it is hoped, both economy and comfort.

Co-operation with Other Services.—Direct telephone lines provide immediate links between the Police and Ambulance Service control rooms, and with the Royal Salop Infirmary, Shrewsbury, which is the County's principal hospital. A scheme prepared by the Chief Constable in consultation with the Hospitals and the Ambulance Service is designed to ensure the co-ordination of their various activities in the event of any major disaster. This plan, which has worked well on two occasions, is now being revised in minor detail in the light of past experience.

The major Emergency Services in the County—Police, Fire, Ambulance and Hospital—have always worked together happily, and we are not infrequently indebted to the Police for road clearance by their motor patrol vehicles in the transport of emergency cases.

Accidents.—As will be seen from statistics which follow, accident cases represent only a small percentage of the patients carried in Salop (vide Table 66), but the severity of the injuries caused by high speeds on the road and high-speed and complicated machinery elsewhere necessitates rapid transport to Hospital if death or total incapacity of the victim is to be avoided ; this need is highlighted in the Report of the Standing Medical Advisory Committee on Accident and Emergency Services published in September, 1962.

Arrangements with other Ambulance Authorities.—The reciprocal arrangements in operation in border areas remain unchanged.

The National Health Service (Amendment) Act, 1957.—During the financial year 1962/63, the Service was reimbursed to the extent of £424 for attendance at industrial accidents and sporting events and for the conveyance of non-Section 27 cases, under the powers conferred by this Amendment Act.

Education Committee.—Transport is provided when required, and when within the capacity of the Ambulance Service to give it, for the conveyance of children requiring speech therapy or other special educational treatment, the cost of such transport being reimbursed in accordance with the terms of the Education Act, 1944. During the financial year 1962/63, the amount received in re-imbursement was £537. Relief vehicles and drivers are also supplied when requested to replace existing transport provided for other Sections of the Health Department.

Staff.—Tribute is due to both whole and part-time members of the staff, operational, control and administrative, and to the members of the W.V.S. Hospital Car Service for a worthwhile job in the main very well done, and this is indicated by the fact that the Service, apathetically though it may be regarded by the public until the individual requires it, receives more praise than blame. During the very severe winter period in early 1963, three separate complaints alleging failures of ambulance service were received, none of which proved on investigation to have any substance whatever. Anyone alleging bad service should be told to complain in writing to the County Medical Officer *at once*—it is often difficult to discover facts if complaints are vague and refer to alleged failure without names and exact dates being specified.

One must also express thanks to those members of the staff who are “Do-it-Yourself” enthusiasts and have helped overcome difficulties with skill and economy by providing ingenious improvisations, fixtures and fittings and doing repairs to structure and vehicles at various Depots.

The post of Deputy County Ambulance Officer was created during the year to replace that of Staff Officer, and Mr. F. Brown, who came to us from Lancashire County Council, took up duty in this capacity on 15th January, 1962.

Salop is one of the very few authorities to have qualified midwives on the establishment of the Ambulance service. One, who is whole-time, has served us well for many years, and her relief colleague who helps part-time, is another most valuable member of our staff. These ladies particularly can tell both tragic and humorous stories of their adventures, of babies born in odd and difficult places, and of journeys at speed to Birmingham to place small scraps of humanity in the care of Premature Baby Units there.

General.—Oswestry Station team were the winners of the County Competition and represented us, without success unfortunately, in the Regional round of the National Competition for Ambulance Services at Coventry in June.

The County Medical Officer of Health, the County Ambulance Officer and members of the staff prepared and judged the Regional round of the same Competition at Newtown at the request of the Welsh Local Health Authorities.

Footnote : Perhaps the most curious request of the year was one to convey eyes for a corneal grafting operation.

Safe Driving Competition.—All whole-time drivers are entered in the annual National Safe Driving Competition organised by the Royal Society for the Prevention of Accidents.

The following awards for 1961 were received during the year :

Seventeen Diplomas
Five 5-year Medals
Four 1st Bars to 5-year Medal
Four 2nd Bars to 5-year Medal
Two 4th Bars to 5-year Medal
One 1st Oak-Leaf Bar to 10-year Medal
One 2nd Oak-Leaf Bar to 10-year Medal

Awards were presented by Mr. R. J. S. Parry-Jones, J.P., Chairman of the Health Committee, on the occasion of the County Ambulance Competition in 1963.

Civil Defence.—During the early part of 1962 the members of the Ambulance and First Aid Section continued routine training and took part in general exercises. A “Brains Trust” was attended and enjoyed by a County gathering of the Section, and a First Aid Competition judged by Ambulance Officers from Stoke-on-Trent was won by Donnington group. In October attention was turned to revision of training for the standard test to be organised in 1963 in accordance with Civil Defence Circular 18/62, the monotony of this being relieved by a momentous journey to Hereford in the snow during the early hours of a Sunday in November to take part in a combined exercise there.

A course for potential officers was held during November and December and was attended by members of the Section and personnel of the County Ambulance Service.

County Council owned Health Service Cars.—The Ambulance Service central administration is responsible for the Council’s motor cars used by District Nurses, Midwives and Health Visitors. At 31st December, 1962, such nursing service cars numbered 83.

Statistics.—Statistical tables showing the establishment of vehicles and personnel and the work carried out by the Ambulance Service during 1962, with a comparison with the previous year or years, are set out in the following pages.

W. WALKER,
County Ambulance Officer.

Table 61 : Establishment of Ambulance, Dual-purpose Vehicles and Sitting-case Cars

	At 31st December							
	Ambulances		Dual-purpose Vehicles		Sitting-case Cars		Total Vehicles	
	1961	1962	1961	1962	1961	1962	1961	1962
Shrewsbury	13	14	3	2	4	5	20	21
Oswestry	4	5	1	—	1	1	6	6
Whitchurch	2	2	—	1	1	—	3	3
Market Drayton	—	1	1	—	—	—	1	1
Donnington and Shifnal ..	3	3	3	3	1	1	7	7
Wenlock	—	—	1	1	—	—	1	1
Bridgnorth	2	2	—	—	—	—	2	2
Ludlow and Craven Arms ..	3	4	2	2	—	—	5	6
Bishop’s Castle	1	1	—	—	—	—	1	1
TOTAL ..	28	32	11	9	7	7	46	48

NOTE.—At the end of 1962 there was 1 ambulance retained additional to establishment for Civil Defence training purposes, the same as at the end of 1961.

Table 62 : Establishment of Ambulance Service Personnel on 31st December

Year	Full-time		Part-time (in terms of Full-time)			Personnel Employed				Authorised Full-time Establishment		
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants					
	M	F	M	M	F	M	M	F	Total	Drivers	Attendants	Total
1961	42	5	9	3½	8	51	3½	13	67½	47	29	76
1962	44	5	9½	4	8	53½	4	13	70½	47	29	76

Table 63 : Deployment of Ambulance Service Personnel

Ambulance Stations	31st December, 1961					31st December, 1962				
	Full-time		Part-time			Full-time		Part-time		
	Driver- Attendants	Attendants	Driver- Attendants	Attendants		Driver- Attendants	Attendants	Driver- Attendants	Attendants	
	M	F	M	M	F	M	F	M	M	F
Shrewsbury	25	5	1	—	4	27	5	1	—	4
Oswestry	7	—	2	6	2	7	—	2	6	2
Whitchurch	1	—	3	1	1	1	—	3	1	1
Market Drayton	—	—	3	—	1	—	—	3	—	1
Donnington and Shifnal ..	7	—	1	—	5	7	—	1	—	5
Wenlock	—	—	1	3	2	—	—	1	3	2
Bridgnorth	2	—	1	—	2	2	—	1	—	2
Ludlow and Craven Arms	—	—	8	2	8	—	—	8	2	8
Bishop's Castle	—	—	2	—	—	—	—	2	—	—
TOTAL ..	42	5	22	12	25	44	5	22	12	25

Table 64 : Work performed by Ambulances and Sitting-case Cars

Year	Ambulances		Cars		Women's Voluntary Services and other Supplementary Services		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage	Patients	Mileage
1953	28,720	465,640	17,760	324,994	2,190	53,692	48,670	844,326
1954	32,566	508,720	20,820	351,637	2,791	47,254	56,177	907,611
1955	41,140	584,714	20,306	352,672	2,212	33,617	63,658	971,103
1956	49,293	645,406	18,382	323,616	1,690	39,571	69,365	1,008,593
1957	50,314	625,079	16,466	276,133	1,908	47,795	68,688	949,007
1958	58,951	692,059	14,526	252,725	1,745	39,550	75,222	984,334
1959	68,352	792,449	12,601	217,732	2,219	48,132	83,172	1,058,313
1960	78,899	845,703	13,708	215,323	2,556	61,619	95,163	1,122,645
1961	84,007	886,018	12,791	193,912	4,128	87,466	100,926	1,167,396
1962	93,685	939,449	10,406	155,133	5,160	81,228	109,251	1,175,810

NOTE.—For statistical purposes dual-purpose vehicles have been counted as ambulances.

Table 65 : Work performed by Ambulance Stations

Ambulance Station	Journeys	Patients	Mileage	Staff (i.e. drivers and attendants) as at 31st Dec., 1962 (in terms of whole-time personnel)
Shrewsbury	17,279	37,854	397,836	32.12
Oswestry	2,634	17,710	165,009	9.62
Whitchurch	1,473	5,874	71,067	3.48
Market Drayton	496	3,134	32,081	2.19
Donnington	3,171	18,773	171,207	10.19
Shifnal	847	2,791	28,797	1.82
Wenlock	564	1,936	21,233	0.96
Bridgnorth	1,177	6,285	67,319	3.13
Ludlow and Craven Arms	3,276	8,989	129,205	5.81
Bishop's Castle	125	745	10,828	1.15
TOTAL ..	31,042	104,091	1,094,582	70.47

Table 66 : Categories of Patients Conveyed

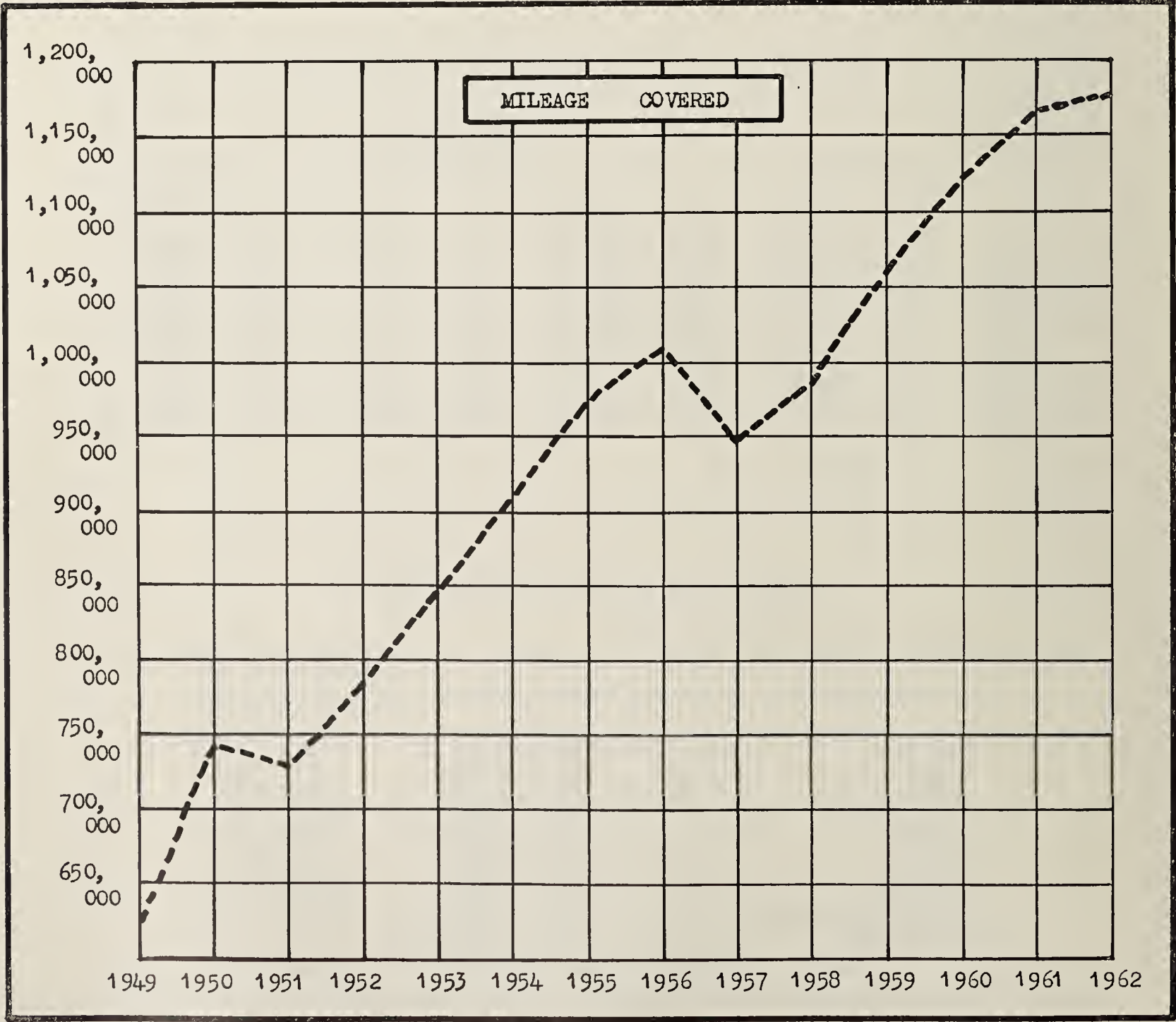
Maternity	1,358
Mental	312
Accident	2,167
Infectious	79
General	105,335
TOTAL ..	109,251

Table 67 : Patients carried and Mileage covered

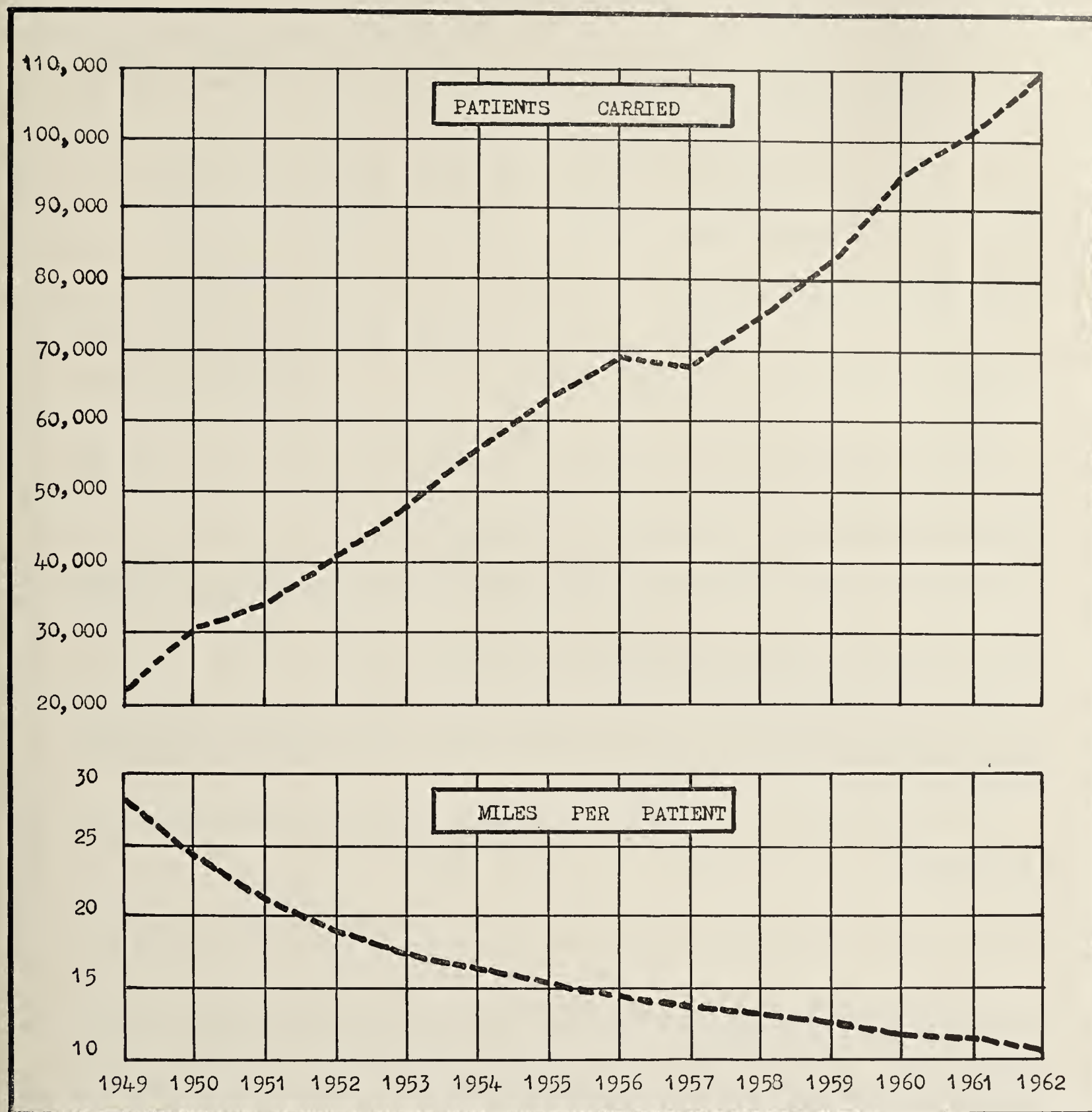
Year	Patients	Mileage	Mileage per Patient
1953	48,670	844,326	17.4
1954	56,177	907,611	16.2
1955	63,658	971,003	15.2
1956	69,365	1,008,593	14.5
1957	68,688	949,007	13.8
1958	75,222	984,334	13.1
1959	83,172	1,058,313	12.7
1960	95,163	1,122,645	11.8
1961	100,926	1,167,396	11.6
1962	109,251	1,175,810	10.8

NOTE.—One more vehicle was equipped with a radio-telephone during 1962, making a total of 34 vehicles so equipped out of 48. Although the amount of work undertaken increased by approximately 8,300 patients conveyed and 8,400 miles travelled as compared with 1961, a further reduction was achieved in the figure for mileage per patient, which continued its downward trend as the graph on page 49 illustrates.

SHROPSHIRE AMBULANCE SERVICE
MILEAGE COVERED BY AMBULANCES AND SITTING-CASE CARS



SHROPSHIRE AMBULANCE SERVICE
PATIENTS CARRIED



PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The powers of the Local Health Authority to make arrangements for the prevention of illness and the care and after-care of sick persons are permissive, except whether otherwise directed by the Minister of Health ; and in respect of persons suffering from Tuberculosis, the Minister has directed that such arrangements shall be obligatory.

Tuberculosis

Administration.—Under an arrangement with the Birmingham Regional Hospital Board, two-elevenths of the time of two Chest Physicians—one of Consultant status and one of Senior Hospital Medical Officer status—is made available to the Council for prevention and after-care purposes and for this service the Board is reimbursed with an equivalent proportion of the Chest Physicians' salaries.

The domiciliary visiting of persons whose names are included in the Tuberculosis Registers is undertaken by whole-time Health Visitors employed by the County Council ; a whole-time Tuberculosis Health Visitor is based at the Shrewsbury Chest Clinic, where she undertakes work on behalf of the Shrewsbury Hospital Management Committee in addition to her visiting duties, an appropriate portion of her salary being borne by the hospital authorities.

Report of the Consultant Chest Physician.—The following is the report of the Consultant Chest Physician, Dr. A. T. M. Myres :

(The figures given in brackets are the corresponding figures in 1961).

During the year 48 (75) persons were notified as having Respiratory Tuberculosis. Of these: 28 (37) were diagnosed as a result of direct reference to Chest Clinics by General Practitioners ;

5 (15) were initially discovered by Mass Radiography Units ;

3 (11) were diagnosed as a result of examination of "contacts" ;

11 (9) were initially discovered at general and specialist hospitals ;

1 (1) was notified whilst in Services.

Also 2 fatal cases occurred which had not been notified, one of whom had silico tuberculosis and the other also had pneumoconiosis.

Of this total of 48 newly notified cases, tubercle bacilli were obtained from 31 who were thus shown to have been actually or potentially infectious, whilst 17 were not thus proved bacteriologically.

It is interesting to note also that of this total 22 (12 male and 10 female) were under 45, and 26 (25 male and 1 female) were aged 45 and over, compared with 44 and 29 respectively in 1961.

This illustrates the present relatively higher incidence of active Pulmonary Tuberculosis in the older age group in this country, particularly in male patients.

It is also of interest to note that the deaths recorded as being attributable to Respiratory Tuberculosis were those of 6 males, 2 between 45 and 65 years of age and 4 of 65 years and over.

There were two deaths attributable to Non-Respiratory Tuberculosis, one male between the age of 25 and 45, and one female between 45 and 65 years of age.

This total of newly notified cases of Respiratory Tuberculosis is a further notable and gratifying reduction compared with that of the previous year. On the other hand, it does indicate that a significant number of new cases of Respiratory Tuberculosis are still occurring and may be expected to continue to occur for some time yet.

Therefore, help such as that provided by the Tuberculosis Voluntary Care Committee is still needed and will continue to be needed for an indefinite period in the future so far as can be at present foreseen.

A. T. M. MYRES,
Consultant Chest Physician.

Mass Miniature Radiography.—Visits to this County for the purposes of public, industrial and school surveys were made during 1962 by the Mass Miniature Radiography Units from Wolverhampton and Stoke-on-Trent ; and the following results of these surveys have been supplied through the courtesy of Dr. J. T. Hutchinson and Dr. E. Posner, Medical Directors of the Wolverhampton and Stoke-on-Trent Units respectively :

Table 68 : Mass Radiography Results

Unit	Sessions	Persons X-rayed			Tuberculosis			
		M	F	Total	Active		Inactive	
					M	F	M	F
WOLVERHAMPTON	Public	271	207	478	—	—	—	—
	Industrial	2,241	1,306	3,547	—	—	8	—
	G.P. Referrals	760	1,075	1,835	3	1	16	9
	TOTAL	3,272	2,588	5,860	3	1	24	9
STOKE-ON-TRENT	Public	572	596	1,168	1	—	7	5
	Industrial	618	310	928	1	—	7	1
	G.P. Referrals	142	88	230	1	—	3	3
	TOTAL	1,332	994	2,326	3	—	17	9

The 7 cases of active or clinically significant Tuberculosis discovered in the 8,186 persons investigated gives a rate of 0.86 cases per 1,000, which seems a very low figure when one considers that a large proportion of those investigated—perhaps 25 per cent or more—were sent because they were suspect.

The table below shows the cases of non-tuberculous abnormalities discovered by the Units during their visits to Shropshire in 1962 :

Table 69 : Other Conditions

Condition or Abnormality	Wolverhampton Unit			Stoke-on-Trent Unit		
	Males	Females	Total	Males	Females	Total
Non-tuberculous fibrosis	4	2	6	3	1	4
Pleural thickening	6	2	8	10	3	13
Inflammatory lesions	9	6	15	4	3	7
Bronchiectasis	2	2	4	5	2	7
Abnormality of diaphragm	—	—	—	2	1	3
Emphysema	1	1	2	8	1	9
Cardio-vascular lesions	10	4	14	20	18	38
Congenital abnormality of bony thorax	4	1	5	—	—	—
Pneumoconiosis	7	1	8	23	—	23
Enlarged thyroid gland	1	1	2	1	1	2
Enlarged glands of unknown etiology ..	—	2	2	—	1	1
Sarcoidosis	—	3	3	1	1	2
Bronchial carcinoma	11	3	14	1	—	1
Metastases in lung	—	—	—	—	1	1
Miscellaneous	2	2	4	4	2	6
Cases referred for further investigation	—	—	—	5	3	8
TOTAL ..	57	30	87	87	38	125

Domestic Help.—Tuberculous persons are included amongst those provided with the services of Home Helps and during 1962 assistance was supplied through the Council’s Domestic Help Service in 10 cases. Only those Home Helps who volunteer are employed in tuberculous households and they are paid 2d. per hour extra (*vide* page 62).

B.C.G. vaccination is offered to Home Helps willing to attend tuberculous cases and during the year 7 Home Helps were skin tested. Only one was a negative reactor and she was vaccinated.

Forty-one Home Helps had chest X-rays and one of these was recalled for a large film examination at the Chest Clinic. She was found to have a Non-Tuberculous infection which was subsequently cleared up and she returned to work after an interval of four months.

Open-air Shelters.—The distribution on 31st December, 1962, of the 37 shelters owned by the County Council was as follows :

At patients’ homes	26
In store	11

B.C.G. (Bacillus Calmette-Guerin) Vaccination.—B.C.G. vaccination against Tuberculosis can be given to infants and other young contacts of tuberculous patients and to those who are at special risk by reason of their occupation.

During 1962 a total of 252 persons received vaccination at the Chest Clinic, the greater number of whom were child contacts of tuberculous relatives. This figure compares with 203 for the previous year.

Vaccination of School Children.—Vaccination is also given, with parental consent, to :

- (a) school children in the year preceding their fourteenth birthday ;
- (b) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education ; and
- (c) whole school classes, which may include a few children under 13 years, for convenience.

A complete service is offered annually to Schools for the vaccination of 13 year olds as well as older children who may have missed vaccination or whose parents have previously refused it, so that every eligible child is done whose parents accept vaccination.

The following are the particulars of school visited for B.C.G. vaccination purposes during 1962, with the comparative figures for 1961.

Table 70 : B.C.G. Vaccination in Schools

	Maintained and Grant-aided schools		Independent Schools	
	1961	1962	1961	1962
Schools visited	76	61	25	33
Children tested	4,337	3,579	592	535
Reactors—positive	484	365	102	85
negative	3,637	3,059	488	447
Not read	216	155	2	3
Children vaccinated	3,595	2,996	473	436
Negative reactors not vaccinated	42	63	15	11

The acceptance rate for B.C.G. vaccination for 1962 was 94 per cent.

In addition, special surveys were made at twenty schools where children had been in contact with a known case of Tuberculosis :

	<i>Tested</i>	<i>Positive Reactors</i>	<i>Negative Reactors</i>	<i>Not Read</i>	<i>Negative Reactors Vaccinated</i>
Children (all ages) ..	249	39	188	22	—*

*The negative reactors were all pupils under 13 years and therefore too young for vaccination. All will be retested when they reach 13 years of age.

Positive Reactors.—Appointments for chest X-ray by Mass Radiography are offered to all positive reactors and to the Home Contacts of children who had large positive reactions (20 mm. or more). The table below summarises the results of these investigations which are also included in the table on page 50.

	<i>Pupils</i>	<i>Home contacts</i>	<i>Staff</i>
Cases investigated	637	122	69
Recalled for large film examination ..	8	2	—
Cases of Tuberculosis discovered ..	—	—	—

Included in the above figures are 103 children and 19 staff from the schools at which special surveys were made. One child was recalled for large film examination.

Central Registers.—The position with regard to cases on the Tuberculosis Registers during 1962 was as indicated in the table following, with comparative figures for the previous year :

Table 71 : Tuberculosis Registers

	1961		1962	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
On register on 1st January	1,475	320	1,428	303
ADDED : New cases	73	19	48	14
Transfers in	35	2	25	—
Restored to register	6	2	4	1
REMOVED : Cured	92	27	136	22
Non-tuberculous	1	—	—	—
Died (all causes)	22	3	32	3
Transfers out	37	10	47	11
Recorded in error	—	—	1	—
Lost sight of	9	—	6	3
On register on 31st December	1,428	303	1,283	279

On 31st December, 1962, the 1,283 persons on the Register of Respiratory cases were distributed as follows :

Under domiciliary supervision by Health Visitors	1,003
Not requiring supervision	244
In hospitals and sanatoria, as listed below	21
In Shelton Hospital, having treatment apart from Tuberculosis	15
	1,283

Table 72 : Patients in Hospitals and Sanatoria

Cheshire Joint Sanatorium	2
Cross Houses Hospital	8
Wrekin Hospital	9
Morda Hospital	1
Knightwick Hospital	1
	21

Extra Nourishment.—Up to two pints of milk per day are supplied on the recommendation of the Chest Physicians to necessitous patients suffering from Respiratory or Non-respiratory Tuberculosis and during 1962 assistance was given in this way to 136 cases.

Shropshire Tuberculosis Care Committee.—This Committee, a voluntary organisation formed in 1956, has derived its income largely from the sale of Christmas Greeting Seals, and renders assistance to necessitous tuberculous cases and their families in supplementation of statutory help. During 1962, the Case Committee met on 14 occasions and approved assistance in a variety of ways to 64 cases (of whom 26 were helped for the first time) at a cost of £432, compared with 79 cases and £474 in the previous year.

Major R. Deedes, G.C., Vice-Chairman from 1956 and Chairman from 1958, Mr. Gilbert Smith, Honorary Treasurer, and Mr. T. R. Blythe, Honorary Secretary and former Lay Administrative Officer of the County Health Department, found it necessary for varying reasons to retire from office in 1962. The Committee accepted their resignations with great regret, tempered by the assurance of the goodwill and continued interest and advice of these three Founder Members, who had given such sterling and unselfish service to the work in the Committee's early years.

The Committee have been fortunate, however, in obtaining the services as Chairman of Mr. R. J. S. Parry-Jones, J.P., Chairman of the County Health Committee, while the honorary appointments of Secretary and Treasurer have been filled respectively by Mr. R. T. Harper and Mr. R. F. Donegan, clerical officers in the County Health Department.

Health Education

The following reports on Health Education, Accidents in the Home and Home Safety are contributed by Mr. H. Harris, Health Education Clerk.

Health Propaganda.—The Health Department continue their activities in health education and to expand their visual aids facilities. Lectures and talks have been given in Child Welfare Centres, in Schools, and to outside and voluntary organisations, either as part of the normal routine or in response to special invitations, by Medical Officers, Dental Officers, Health Visiting, Nursing and lay staff.

Education that is designed to improve standards of health must begin at the top levels of intelligence and filter downwards. It is necessarily a slow process. When ultimately successful it results in a general realization that the maintenance of health calls for both positive and negative action and that good and hygienic personal habits and practices are desirable in the public interest, as well as that of the individual.

The welfare centres are the foci of local health teaching. The bases of County Council doctors, health visitors and nurses, they are visited by mothers and young children and are our own local offices or agencies. Although not used by all the population, nor even by all the mothers of the area, they still serve as points for the display of posters, distribution of leaflets, and setting up of displays, as well as a potential meeting place for allied activities, mothers' and other clubs and associations. In turn these last provide audiences interested in health matters who, with members and friends, can very considerably widen the effective scope of the normal Clinic or Centre.

At routine school medical inspections, medical officers and health visitors give short talks on health subjects, especially on themes suggested by local conditions. It is becoming usual for special talks and demonstrations to be given in schools at the request of head teachers by members of the Department's staff.

So far as outside organisations are concerned we are always prepared to supply speakers on health topics in response to requests addressed either to the Health Department direct or to individual members of the staff. Demand for home safety demonstrations continues, and for other subjects, such as the Social Services, Smoking and Lung Cancer, Child Care and Management, Vaccination and Immunisation, general health matters such as Care of the Feet, Home Nursing and First Aid, Mothercraft, the work of a public health doctor, health visitor, and nurse-midwife. These talks are undertaken in and outside the sphere of the Child Welfare Centre and its allied organisations of the "Mothers' Clubs." and the requests may or may not be due to a personal link between the group and some member of the public health service. The age-groups of the audiences range from 10 to 70 years and the organisations themselves include Young Wives' Groups, Girls' and Youth Clubs, Mothers' Unions, Wolf Cubs, British Red Cross Cadets, St. John Ambulance and Civil Defence Units, Rotary Clubs, Women's Institutes, and Old People's Clubs. Talks on one subject can lead to requests for talks on other themes. A talk under one heading, e.g. the work of a public health doctor or health visitor, inspires questions on more diverse aspects of the health services, e.g. care of the aged, cancer, immunisation, the whole field of public health.

Visual Aids.—Talks are supported by 16 m.m. sound films, film strips, photographic slides, flannelgraphs (standard or specially-produced), posters, charts and leaflets, drawn from our own and outside resources.

Opportunities for Health Education.—All of us in public health are perforce engaged in health education, which is the handmaid of preventive medicine. Not all of us are qualified specialists, practised public speakers, dedicated enthusiasts, visual aids practitioners or people on the platform, but we must be active (positively or negatively) in this field, both in and out of workaday hours. Our own specialised functions must inevitably colour our lives and influence those around us. The informal talk, advice proffered on consultation, the clinic session (and display background), the casual encounter, comment on a poster, leaflet or news item, personal trials undergone or shared, are all part of the pattern of acquiring and imparting knowledge and ideas fundamental to our health.

Recurring problems or the more urgent common needs suggest set talks and demonstrations, stimulate general interest and make even the more retiring among us either embark on formal lecturing or call in others to do it for us. There is always scope for practised speakers. A new face or a different approach in our own individual areas is often valuable both to ourselves and our audiences.

Larger and smaller groups have each their own special place in health education, and relative success is not simply a matter of size. The large audience calls for and justifies the use of more elaborate demonstration material and equipment. It consists of a wider cross-section of the public and provides a stimulus to the smaller units which are combined within it, but it should be remembered that it is based on these smaller units and would be relatively ineffective without them. The smaller group has an inherently close-knit communion in which question, answer and discussion are natural modes of communication. Both in the larger and smaller groups some kind of break for refreshment provides opportunity for exchange of views and discussion of individual problems. Even a group of two can provide a safety-valve for one or both, but it will not have the scope of knowledge and range of experience of an organisation of three or more. The larger the group, the greater are the possibilities of organisation—and the difficulties of meeting all needs.

Exhibitions and Displays.—The Health Department mount exhibits or stands in various districts and as opportunities arise. The displays set up in our Child Welfare Centres are mainly the work of health visitors in charge, supplemented by exhibits from the Central Department. There are, in the entrance hall of the latter, facilities for poster and triptych displays which are topical and changed from time to time. These are on view to visiting members of the public and of the outside staff, and are frequently studied in detail. Occasionally they have given rise to further enquiry or comment, and requests for the supply of posters or leaflets for schools, private, persons or doctors' surgeries, which we are only too pleased to fulfil.

The Health Department's stand at the Old People's Festival in October, a three-day function organised annually by the Shropshire Old People's Welfare Committee, dealt in 1962 with the County's Health Visiting Service and the Centenary of Health Visiting.

This exhibit took the form of a triptych, with costumed dolls personifying the 1862 Salford voluntary visitor and the modern professional health visitor as well as nurses at various training stages. It was also supported by a contrasted model presentation of a 19th century and 20th century room and family. The triptych and models were exhibited in various parts of the County in the shop windows of public-spirited tradesmen.

Items of mothercraft training equipment also shown included garments made by the Shrewsbury Old People's Workshop (Priory Road) and basketry from the County Welfare Department, the work of a blind craftsman.

General.—In addition to supplying stock items such as standard flannelgraphs, display cards and units, charts and leaflets, Headquarters collect and circulate information concerning films or film strips to be hired or loaned, devise and prepare flannelgraphs and displays, photographs and slides, and on occasion make special notes available on loan.

We also distribute monthly 1,400 copies of the magazine "Better Health" (the official journal of the Central Council for Health Education) to mothers (via Welfare Centres), to health visitors, medical, nursing and lay staff and to schools in the County (other than Infants' and Nursery Schools).

Health Education Talks

The following table gives particulars of Health Education talks given in 1962 by field workers, and also central office staff who are so often involved, and has been compiled from information given by Assistant County Medical Officers, Dental Officers, Health Visitors and Nurses, and extracted from Headquarters records. Some of the subjects, e.g. Mothercraft and Personal Hygiene, were often dealt with as a routine in Child Welfare Centres and Schools, and the figures given are understated. Others, notably Smoking and Lung Cancer and Home Safety, are themes of general public interest and were arranged at the request of the groups concerned.

Table 73 : Health Education Talks and Film Shows

Given by	Lecturers	Talks delivered			Illustrated by films, slides or strips	Numbers in audience
		Total	In Schools	Elsewhere		
Assistant County Medical Officers ..	5	17	13	4	16	2,670
Dental Officers	8	23	17	6	23	2,125
Health Visitors	8	46	4	42	15	730
Nurses	6	31	1	30	5	405
Others	6	40	3	37	37	1,461
TOTAL ..	33	157	38	119	96	7,391

Ideally, the health education talk is entertaining, informative and stimulating, at once capable of holding interest and fostering the impulse towards positive action. Results can rarely be measured, but occasionally there are indications of a degree of success. It is good to be able to report that following a series of first-aid lectures by Nurse Carr (sponsored by the County Civil Defence organisation) a group of housewives have formed themselves into a Women's Voluntary Service Unit and undertaken twice-weekly deliveries of "Meals on Wheels" to the old folk of the district.

SMOKING AND HEALTH

Twenty years ago smoking might have been considered a fairly innocuous social vice, a habit that might be offensive to the fastidious, economically wasteful, but none the less fairly prevalent in all grades of society and a source of revenue to the State.

Today the situation is rather different. Research and statistics show that there is a distinct correlation between cigarette smoking and the incidence of lung cancer, bronchitis and thrombosis. The consumption of tobacco in the form of cigarettes has risen steadily during the last sixty years as also has the death rate from lung cancer, and this death rate is appreciably higher for cigarette smokers than for smokers of tobacco in other forms.

Not all smokers, even cigarette smokers, develop lung cancer, but the percentage of heavy cigarette smokers who may expect to die from *all* causes before the age of 65 varies from 22 to 33 per cent, as contrasted with 15 per cent for non-smokers. That is, smokers die in far greater numbers. Deaths *from lung cancer alone* are likely to occur in smokers during early middle age. Lifelong heavy cigarette smokers' death rate from lung cancer is likely to be of the order of 1 in 8, whereas the corresponding figure for non-smokers would be of the order of 1 in 300. The facts from which these conclusions were drawn were published in the 1962 Report of the Royal College of Physicians on "Smoking and Health." They were indeed heavily stressed long before that in the introduction to my Annual Report for the year 1957, following the Medical Research Council and Government announcements in June of the latter year. The British Medical Association started the investigations which led to the Medical Research Council Report more than 10 years ago, and it is some testimony to the intelligence of doctors that a large number of thoughtful ones are no longer smoking. Of a dozen who use the Consultants' lunch table at the Royal Salop Infirmary, Shrewsbury, probably only three smoke significantly.

At the Annual Representative Meeting of the British Medical Association at Oxford in July, 1963, the Section on "Medical Science, Education and Research" passed without dissent and with acclamation, the following resolution :

"That this Meeting, alarmed by the amount of lung cancer associated with tobacco smoking, urges the Ministry of Health and other relevant bodies to step up their anti-smoking campaign, directed particularly to the younger generation, by means of posters, television programmes, advertising, distribution of leaflets, and all other possible means."

The doctor moving the resolution pointed out that there were three times more deaths from lung cancer than from accidents on the roads, and seven times more deaths than from tuberculosis. Lung cancer should not be allowed to replace tuberculosis as the scourge. This was something on which the press could help. There should be a campaign directed at the younger generation. The fashion had already changed among doctors. Ten years ago two-thirds of the doctors smoked cigarettes, and this was now down to one-third. The press, the Ministry of Health, local authorities, the Ministry of Education, parents, teachers, and training colleges should all help in this.

For many obvious reasons prohibition is impracticable. There is no known means of determining whether an individual will develop lung cancer and suffer an early and unpleasant death in consequence of addiction to smoking. We are left with the alternative courses of education and discouragement of the habit in all age groups, especially in public places and in society, and ultimately perhaps the formation of an enlightened public opinion that eschews the habit of smoking on hygienic grounds.

In this County we have supported the Ministry of Health's campaign

- (a) by a programme of talks and the showing of films and slides in schools, public and private ;
- (b) by displaying posters in clinics, council premises and elsewhere and by distributing leaflets ;
- (c) by offering talks to organised groups.

The following is extracted from the report of Dr. A. C. Mackenzie, Assistant County Medical Officer and Medical Officer of Health for the Borough of Shrewsbury, on a survey undertaken to ascertain the smoking habits of pupils in secondary schools according to age and sex.

"All pupils were asked to tick off appropriate statements on a questionnaire as follows and without disclosing their names :

- Boy
- Girl
- Age (11 to 18 years)
- I. (a) I have never smoked
- (b) I have smoked but do not do so now
- II. (a) I do not smoke every day
- (b) I smoke in company only—not when I am alone
- (c) I smoke under 5 cigarettes a week
- (d) " " 10 " "
- (e) " " 20 " "
- (f) " " 20 or more "
- (g) I first smoked when I was
 - (i) under 10 years old
 - (ii) between 10 and 12 years old
 - (iii) " 12 and 15 " "
 - (iv) " 15 and 18 " "

Analysis of the completed questionnaires appears to give accurate information of the questions “Have you ever smoked” and “Do you now smoke.” Many children did not know how many cigarettes they smoked per week. Consideration of the stated ages at which smokers or ex-smokers claim they started smoking does not give a very different picture from that obtained from the first question.

The results of analysing approximately 12,500 returns are shown in the tables. Some 90 forms were spoilt, generally by the child answering “Yes” to too many questions. The common error was to claim never to have smoked, to smoke in company only and to have started smoking at a certain, usually early, age. Other children omitted to put in their age or sex.

Table 74 shows for ALL Secondary Schools the numbers and percentages of those who have never smoked (A), those who have smoked but have given up (B), and those who are smokers (C). Table 75 gives the same information for Secondary Modern Schools and Table 76 for Grammar and Technical High School pupils combined.

(A further breakdown of children attending *mixed* secondary modern as against those attending boys’ or girls’ secondary modern schools did not show any significant difference between the boys’ or girls’ habits in either group).

The results of the survey are generally in line with the findings of other observers and it is noted that the majority of boys have tried smoking by 11 or 12, whilst most of the girls do not try smoking until 14 or 15. The percentage of girls smoking is never as high as that of boys and it is apparent from the figures that the grammar and technical high pupils have fewer smokers and start smoking later than the secondary modern group.

The age at which the danger of smoking as regards health, and particularly the danger of cigarette smoking, can best be pointed out to children, would appear to be a compromise between the likelihood of the child having experimented and acquired a taste for smoking and the child’s ability to understand the significance of what is being imparted.

Talks to children in their last year at primary schools, at age 10 or 11, should be adequate to reach both the children before they have developed a liking for cigarettes and those who have tried and have not enjoyed smoking. If the form of the talk at this age is dogmatic and makes no attempt to prove the point the child will remember what is said, but such talks should be followed by more detailed information for the 13 year old secondary pupil.

A talk and/or film given to secondary school pupils at 13 or 14 should give a coldly scientific account of how the number of cigarettes smoked effects the liability to develop cancer and an account of the dangers to health that are generally involved.

Table 74 : All Secondary Schools

Age		11	12	13	14	15	16	17	18+	Totals
Boys :										
A. (Never smoked)	.. .. .	324	497	394	362	212	43	46	15	1,893
B. (Smoked but have given it up)	.. .. .	248	621	757	690	343	110	51	20	2,840
C. (Smokers)	.. .. .	64	244	367	461	271	94	71	42	1,614
TOTAL ..		636	1,362	1,518	1,513	826	247	168	77	6,347
Percentage A	.. .. .	51	36	26	24	26	17	27	19	30
B	.. .. .	39	46	50	46	42	44	30	26	45
C	.. .. .	10	18	24	30	32	39	43	55	25
GIRLS :										
A. (Never smoked)	.. .. .	480	1,003	888	788	363	147	58	21	3,748
B. (Smoked but have given it up)	.. .. .	60	299	361	500	269	60	53	14	1,616
C. (Smokers)	.. .. .	7	61	128	222	167	72	39	14	710
TOTAL ..		547	1,363	1,377	1,510	799	279	150	49	6,074
Percentage A	.. .. .	88	74	65	52	45	54	39	44	62
B	.. .. .	11	22	26	33	34	22	35	28	27
C	.. .. .	1	4	9	15	21	24	26	28	11

Table 75 : Secondary Modern Schools

Age		11	12	13	14	15	Totals
Boys :							
A.	(Never smoked)	179	275	244	266	58	982
B.	(Smoked but have given it up)	171	459	541	496	158	1,825
C.	(Smokers)	40	210	309	381	127	1,067
TOTAL		390	944	1,024	1,103	343	3,874
Percentage							
A	.. .. .	46	29	22	20	17	25
B	.. .. .	44	49	49	45	46	47
C	.. .. .	10	22	29	35	37	28
GIRLS :							
A.	(Never smoked)	278	637	561	495	126	2,097
B.	(Smoked but have given it up)	50	225	283	407	131	1,096
C.	(Smokers)	7	50	107	184	76	424
TOTAL		335	912	951	1,086	333	3,617
Percentage							
A	.. .. .	83	70	59	46	38	58
B	.. .. .	15	25	30	37	39	30
C	.. .. .	2	5	11	17	23	12

Table 76 : Grammar and Technical High Schools

Age		11	12	13	14	15	16	17	18+	Totals
Boys :										
A.	(Never smoked)	145	222	150	136	154	40	46	15	908
B.	(Smoked but have given it up)	77	162	216	194	185	99	51	20	1,004
C.	(Smokers)	24	34	58	80	144	89	71	42	542
TOTAL		246	418	424	410	483	228	168	77	2,454
Percentage										
A	.. .. .	59	53	35	33	32	18	27	19	37
B	.. .. .	31	39	51	47	38	43	30	26	41
C	.. .. .	10	8	14	20	30	39	43	55	22
GIRLS :										
A.	(Never smoked)	202	366	327	293	237	143	58	21	1,647
B.	(Smoked but have given it up)	10	74	78	93	138	56	53	14	516
C.	(Smokers)	0	11	21	38	91	72	39	14	286
TOTAL		212	451	426	424	466	271	150	49	2,449
Percentage										
A	.. .. .	95	81	77	69	51	53	39	44	67
B	.. .. .	5	16	18	22	29	21	35	28	21
C	.. .. .	0	3	5	9	20	26	26	28	12

In my view there is need for long-term planning. It is necessary to convince the younger generation that smoking is a symbol of immaturity, to keep the public fully and constantly aware of the hazardous nature of smoking, and to make use of all available means of mass communication at national and local level to achieve these ends."

Accidents in the Home

Table 77 following shows the home accident cases known to have occurred in Shropshire during 1962. Twenty of the cases were conveyed by ambulance to hospital. Thirty were patients either in or attending hospitals, including 16 children admitted for observation after they had had access to poisonous tablets or liquids. Ninety-two cases were attended by District Nurses, who gave after-care to the majority of hospital patients after their discharge. Several burns and scalds cases were in-patients for from five to eight weeks.

The total numbers represent an increase of 22 per cent on last year. There were 7 fatalities.

The numbers of accidents in all groups are fewer than one might expect from any analysis of national deaths statistics, but it must be remembered that we usually hear only of those cases requiring nursing, hospital or ambulance attention.

Table 77 : Home Accidents

Category	Total	AGE GROUPS							
		0—5		6—64		65+		All	
		M	F	M	F	M	F	M	F
Burns and scalds	125	33	24	14	33	8	13	55	70
Poisoning :									
(a) Aspirin, etc. ..	7	6	—	—	—	—	1	6	1
(b) Paraffin and liquids	5	4	1	—	—	—	—	4	1
(c) Other	4	1	—	1	—	—	2	2	2
Falls	28	4	3	1	3	6	11	11	17
Others	7	4	2	—	1	—	—	4	3
TOTAL ..	176	52	30	16	37	14	27	82	94

Once more by far the largest category is burns and scalds, notable perhaps because they are painful, require lengthy treatment and can result in severe scarring or disability. Hot water bottles caused burns and scalds, the latter on bursting or when children bumped against the person filling them. Falls and their causes remain the greatest concealed (and preventable) hazards.

Climbing children precipitated accidents, to themselves or others. To the the outsider observer few of the accidents were completely inevitable. Relatively few of those reported happened in conjunction with the frail or senile or the handicapped. Only two are known to have occurred in households that might be regarded as accident-prone. Washdays and harrassed mothers are together reponsible for many mishaps.

The kitchen and scullery were the danger spots for the 6—64 years old females, and to both sexes under 5. Persons of all ages were injured in accidents with buckets of hot water, kettles, pans and stoves. Toddlers came into contact with grates and stoves when guards were removed and attention was distracted. Two infants were burned on hot guards, but this could be a salutary experience. Far too many infants were involved in accidental scalds, at table from teapots and cups that should have been out of their reach, or when they fell into buckets of hot water.

Twelve children under five ate aspirins or other tablets, drank paraffin, disinfectants, detergents or other liquids, and in consequence were admitted to hospital for observation and precautionary treatment. Sparks burned two children when guards were in position. At least five were burned because the guard was not a fixed one. The hearth is not as safe as it should be.

More accidents occur than are ever reported. By fortunate chance the majority may not be serious. The figures available do give some information of where the dangers lie, which of us is at risk—and the consequences of ignoring them. They do not show where the responsibility lies and the victim is not always at fault.

Home Safety

During the year, 21 groups, St. John Ambulance, British Red Cross, Mothers', Women's, and Old People's Clubs, Women's Institutes and Schools received our illustrated talk and film show on Home Safety and our Home Safety handbook. We are encouraged to find that these talks often lead to requests for return visits and for other health themes.

The Oakengates Accident Prevention Council staged a "Hazard House" exhibition consisting of six rooms in a dwelling now demolished and showing some of the common dangers in our homes. This enterprise was fully reported in the press and seen by over 1,000 people. There are now six Home Safety Committees in Shropshire, at Malinslee, Market Drayton, Newport, Oakengates, Oswestry and Shrewsbury.

Health has been defined as an ideal state of well-being and it is fairly certain that the incidence of home accidents and the general physical and mental states are closely linked.

H. HARRIS.

Care of the Aged in their own Homes—Evening Visitors and Night Helps

The Council's proposals under Section 28 of the National Health Service Act include provision for the services of Evening Visitors and Night Helps for aged people who require assistance on account of illness or infirmity.

Help under this scheme is only provided when no relatives, friends or neighbours are available to assist, except in the case of Night Helps, when assistance can be provided to afford relief for a relative who has had the continuous care of a sick person for a prolonged period.

Whenever possible, help is supplied by voluntary workers but the scheme includes the employment of paid personnel to cover circumstances when voluntary assistance is not forthcoming.

It was not found necessary to employ any paid Evening Visitors during 1962, but paid Night Helps, were, however, employed in two cases. One case received help for three nights during one week and paid 3/6d. for this service; the second case received help for five nights without charge.

It is realised that much voluntary and neighbourly help must have been given during the year to meet the needs of sick and infirm persons and this help is acknowledged with grateful appreciation.

Prevention of Break-up of Families

One of the suggestions made by the Minister of Health in 1954 to Local Health Authorities for the development and use of the local health services to prevent the break-up of families was that trained Social Workers might be employed to enable the particular needs of families with problems to be studied and met in appropriate ways.

In the discussions which followed between the Chief Officers of the various Departments concerned, between whom excellent liaison exists, it was agreed that the *prevention* of family crises might be best accomplished by the secondment from the N.S.P.C.C. of one of their specially trained women visitors for duty in Shropshire.

This was agreed by the N.S.P.C.C. and since October, 1956, the services of a trained woman visitor have been available in Shropshire. A contribution of £300 per annum (£200 from the Health Committee and £100 from the Children's Committee) is made towards the expenses of this appointment.

The Visitor during the year was Mrs. R. Winch, who commenced duty in this County in June, 1960, but left on 31st December, 1962. Particulars of her work during 1962 are as follows :

Cases open at 1st January, 1962	19
New cases opened during the year	8
Cases closed as satisfactory	6
Cases open at 31st December, 1962	21
Number of children in new cases opened	46
Visits of supervision	1,067
Miscellaneous visits	884
Total visits	1,951

The new visitor, Miss M. M. Evans, commenced work in the County on 1st January, 1963.

By arrangement between the Chief Officers of the various County Council Departments concerned with problem families, a Central Register of all such known families is maintained in the Health Department. The Register comprises a simple alphabetical index of the names and addresses of the families concerned, with an indication of the Department holding the main file, and at the end of the year 734 families were on the Register.

After-Care of Cancer Cases—The Marie Curie Memorial Foundation

Area Welfare Grants Scheme.—The Marie Curie Memorial Foundation use the County Medical Officer as their agent with discretion to provide assistance, in kind, to meet the urgent needs of cancer patients being nursed at home and to supplement help from statutory and other sources.

Monetary assistance is not provided directly and the needs most commonly met are by payment for help in the home (including employment of trained nurses for a Day and Night Nursing Service), and the supply of linen, bedding, clothing, personal comforts and extra nourishment.

The first grant (£50) was received from the Foundation in June, 1957, and with grants in subsequent years, including £200 in 1962, the total of their Shropshire grants amounts to £650.

Table 78 : Cases assisted

Assistance provided	Amount expended in 1962		
	Cases	£	s. d.
Domestic help, including Day and Night Nursing Service	5	206	0 7
Special items for comfort of patients	4	3	17 3
Extra nourishment	10	26	11 9
Fuel	2	7	18 6
Miscellaneous	4	6	11 8
TOTAL ..	18*	250	19 9

*This is the total of individual patients helped, some receiving assistance under more than one heading.

Chiropody Service

Proposals for a Chiropody Service for the aged, handicapped persons and expectant mothers, in accordance with Ministry of Health Circular No. 11/59, were adopted by the County Council in 1960 in the following terms :

“The Council propose to make available throughout the County a chiropody service where necessary and in the first instance for the aged, physically handicapped persons and expectant mothers, and for other classes of persons for whom it may subsequently be deemed desirable.

The service will be provided through the agency of voluntary organisations and/or by the direct employment of qualified chiropodists, whole-time or part-time as may be required. Treatment will be carried out at the chiropodists' surgeries, welfare centres, the premises of voluntary organisations or at the patients' homes as may be necessary.

Persons availing themselves of the service will be expected to pay a basic charge per treatment which may be remitted in cases of need.”

For the purposes of this Service, the eligible aged are regarded as persons of pensionable age (females aged 60 or over and males of 65 or over) who are mainly dependent upon the retirement pension and/or national assistance.

Most of the Voluntary Old People's Organisations who have for some years operated local Chiropody schemes in Shropshire have accepted participation in the County scheme and receive an annual subsidy. During 1962, ten such schemes were in operation as follows, and all but one provide treatment for handicapped persons and expectant mothers in addition to the aged.

CHURCH STRETTON	..	Old People's Welfare Committee
DAWLEY	..	Old Folks Rest Room
ELLESMERE	..	Old People's Welfare Association
MADELEY	..	Old People's Welfare Committee
MUCH WENLOCK	..	Women's Voluntary Services Chiropody Service
OAKENGATES	..	The St. George's and Priors Lee Club
SHIFNAL	..	Old People's Welfare Committee
SHREWSBURY	..	Old People's Welfare Committee
WEM	..	Senior Club
WELLINGTON	..	Old People's Welfare Committee

Contractual arrangements with one private Chiropodist for the treatment of eligible cases within the County Service were continued in 1962.

In those areas of the County not covered by voluntary schemes or contractual arrangements, a Senior Chiropodist is employed whole-time by the Council to treat patients at sessions arranged in Welfare Centres and in the homes of those unfit to travel to such sessions. Domiciliary cases form a large proportion of the Chiropodist's work, since many in the remote areas are prevented by distance and lack of public transport from attending clinic sessions and for those unfit to travel, who would otherwise require Ambulance transport, treatment at home is more practicable and certainly cheaper from the Council's point of view.

Clinic sessions were held in 1962 at the following Centres :

BISHOP'S CASTLE	..	Stone House	..	..	4th Tuesday	..	2-30 p.m.— 5-30 p.m.
BRIDGNORTH	..	Northgate	..	..	2nd and 4th Thursdays	..	2-30 p.m.— 5-30 p.m.
BROSELEY	..	Victoria Institute	..	..	1st Friday	..	2-30 p.m.— 5-30 p.m.
CLEOBURY MORTIMER	..	Parish Hall	..	..	3rd Tuesday	..	9-30 a.m.—12-30 p.m.
DONNINGTON	..	Turreff Hall	..	..	2nd and 4th Wednesdays	..	9-30 a.m.—12-30 p.m.
HADLEY	..	Old People's Rest Room	..	..	1st Tuesday	..	2-30 p.m.— 5-30 p.m.
HIGHLEY	..	Highley Miner's Youth Club	..	..	1st and 3rd Thursdays	..	2-30 p.m.— 5-30 p.m.
IRONBRIDGE	..	Severn Bank House	..	..	2nd and 4th Thursdays	..	9-30 a.m.—12-30 p.m.
MARKET DRAYTON	..	Longslow Road	..	..	1st and 3rd Fridays	..	9-30 a.m.—12-30 p.m.
NEWPORT	..	Beaumaris Road	..	..	1st and 3rd Wednesdays	..	9-30 a.m.—12-30 p.m.
OSWESTRY	..	Upper Brook Street	..	..	1st and 3rd Thursdays	..	9-30 a.m.—12-30 p.m.
SHAWBURY	..	Parish Hall	..	..	2nd and 4th Fridays	..	9-30 a.m.—12-30 p.m.
ST. MARTIN'S	..	Old C.E. School	..	..	1st and 3rd Wednesdays	..	2-30 p.m.— 5-30 p.m.
WHITCHURCH	..	Brownlow Street	..	..	2nd Tuesday	..	2-30 p.m.— 5-30 p.m.
	..		..	..	2nd and 4th Mondays	..	2-30 p.m.— 5-30 p.m.

Sessions were also attended by the County Chiropodist as under:

ELLESMERE	..	Ellesmere House : Residents	..	2nd Friday	..	2-30 p.m.— 5-30 p.m.
	..	Old People's Welfare Committee	..	1st Monday	..	2-30 p.m.— 5-30 p.m.
KETLEY	..	Good Companions Club, Main Rd.	..	1st and 3rd Tuesdays	..	9-30 a.m.—12-30 p.m.

Increasing demands upon this service resulted in provision being made in 1963 for the appointment of a second whole-time County Chiropodist. The financial rewards for whole-time work under the National Health Service in this profession do not seem enough to attract entrants. There are resultant problems of recruitment, and at the time of writing efforts are still continuing to fill this second appointment. Delays mean that waiting lists for treatment continue to increase, and result in waiting periods of 8 weeks and longer before appointments can be offered to new cases.

Private Chiropodist.—During 1962, treatments under the County Council's service were carried out by a private Chiropodist under contractual arrangements as follows :

Category of patient	Cases	Treatments
Aged	82	319
Handicapped	2	14
	84	323

County Chiropodist.—Sessions attended by the County Chiropodist during 1962 totalled 238, and including domiciliary visits 633 patients received 2,557 treatments, as indicated below :

Table 79 : Cases Treated by County Chiropodist

	Aged	Handicapped Persons	Expectant Mothers	Total
<i>Clinic Sessions :</i> (including Ellesmere House)				
Patients	363	14	1	378
Treatments	1,604	41	1	1,646
<i>Domiciliary :</i>				
Patients	233	22	—	255
Treatments	861	50	—	911
TOTAL PATIENTS ..	596	36	1	633
TOTAL TREATMENTS ..	2,465	91	1	2,557

A charge of 2/6d. per treatment is made, which can be remitted in cases of hardship. No charge was made in 291 treatments of aged persons and 21 of handicapped persons.

Other Aspects of Care and After-Care

Other Types of Illness.—Any necessary nursing care and attention for patients discharged from hospital is provided through the Council's Home Nursing Service and the Regional Hospital Board undertake to supply particulars of all discharged hospital patients requiring after-care to the Local Health Authority.

The help of the Children's Officer and Department, their counsel, information, visiting service, and the provision of accommodation for dependent children when necessary, are greatly valued in domestic emergency, such as the illness or confinement of the mother.

Provision of Nursing Equipment.—All Home Nurses and Midwives hold a small supply of minor articles such as hot water bottles, air rings, bed pans and feeding cups, for loan to patients being nursed at home.

Larger items of equipment, including wheel chairs, air beds, etc., are held in store at the County Health Department, and issued as required. Applications should be made in office hours to the Health Department, 13 College Hill, Shrewsbury (Telephone No. 52211) ; or at other times to No. 4 Claremont Bank, Shrewsbury (Telephone No. 2141).

A small charge is made for the hire of larger items of equipment only.

During the year, 1,376 issues of equipment were made to 827 patients, items being loaned direct from the Health Department in 433 cases and by nurses and midwives in 394 cases, as summarised below :

Table 80 : Issues of Nursing Equipment

Item	Issued in 1962		Total
	Health Dept.	Nurses	
Air beds	—	3	3
Air rings	23	85	108
Back rests	67	110	177
Bed pans	126	127	253
Bed cradles	16	10	26
Bed tables	3	1	4
Bedsteads	24	—	24
Commode chairs	51	1	52
Crutches	10	—	10
Dunlopillo rings	72	23	95
Feeding cups	1	10	11
Hoyer patient lifter	15	—	15
Mattresses—Dunlopillo	32	1	33
Other	6	—	6
Rubber sheets	100	175	275
Urinals	41	77	118
Wheel chairs	118	—	118
Miscellaneous	25	23	48
TOTAL	730	646	1,376

The provision of disposable under-pads for incontinent patients was first undertaken at the end of 1960 for domiciliary cases attended by the District Nurses, being supplied at the latter's discretion for patients who could not afford to buy these items.

In 1962, the Health Committee, recognising the value of such aids to home-nursed cases, authorised the provision of incontinence pads to all incontinent patients attended by the Council's domiciliary nurses. From 1st April, 1962, to the end of the year, 12,800 pads were supplied.

Recuperative Convalescence.—Under the Council's scheme, patients who are in need of a short convalescent holiday, involving no more than rest, good food, fresh air and regular hours, are assisted to go to suitable Convalescent Homes. Financial responsibility is accepted by the Council, but patients are required to contribute towards the cost of their convalescence in accordance with their means.

During 1962, the following Convalescent Homes received 48 cases, at a gross cost of £495 2s. 0d., of which £35 6s. 10d. was recovered, no charge being made in 21 cases.

Table 81 : Convalescence Cases

	Adults	Children
Lady Forester Convalescent Home, Llandudno	39	—
Copthorne Holiday Home, Surrey	1	—
Ormerod Home, St. Annes-on-Sea	—	2
Church Army Home, Bexhill-on-Sea	1	—
Church Army Home, Weston-super-Mare	2	2
Boarbank Hall, Grange-over-Sands	1	—
	44	4

The County Medical Officer visited the Lady Forester Home at Llandudno in the Autumn of 1962, reporting and inviting guidance from the Health Committee as to their wishes in regard to the types of cases to be accepted for convalescence. As a result of their experience and his recommendations the Committee resolved that the County Medical Officer should be encouraged and have complete discretion to recommend the admission of Shropshire cases to this valuable Convalescent Home and to others.

DOMESTIC HELP SERVICE

Since 5th July, 1948, the County Council have provided a Domestic Help Service, which was initiated and operated on the Council's behalf by the Women's Voluntary Services in the first instance. Since 1st April, 1952, however, the Service has been operated directly by the Council.

Particulars of the Domestic Help Offices operating within the County on 31st December, 1962, are given in the table below :

Table 82 : Home Help Offices

Centre	Address
BRIDGNORTH	Child Welfare Centre, Northgate
CHURCH STRETTON	Cottage Room, Silvester Horne Institute
LUDLOW	Child Welfare Centre, Dinham
MARKET DRAYTON	Child Welfare Centre, Longslow Road
NEWPORT	Child Welfare Centre, Beaumaris Road
OSWESTRY	Child Welfare Centre, 30 Upper Brook Street
SHREWSBURY	County Health Department, 3 Swan Hill
WELLINGTON	Child Welfare Centre, Haygate Road
WHITCHURCH	Child Welfare Centre, Brownlow Street

Administration.—The Service is administered by the Health Committee of the County Council through their Nursing Sub-Committee.

With the exception of the Shrewsbury Office, which is operated within the general framework of the Department, each office is staffed by a paid part-time clerical assistant who is responsible for the day to day operation of the Service in her area, arranging the completion of application forms by householders requesting the services of a Home Help and receiving any charges which they may be required to pay.

All assessments are dealt with in the County Health Department where a centralised recording system is operated to control the collection of payments.

Each applicant for the services of a Home Help is visited by the District Nurse, or where necessary by the Health Visitor, who satisfies herself that the case is within the scope of the Service before recommending the extent to which assistance should be provided. Subsequent supervision is exercised through the medium of the Nursing Officers.

Charges for Domestic Help.—Applicants who feel unable to pay the Council's standard charge for Domestic Help—which was increased from 3/8d. to 4/1d. per hour from 1st April, 1962, (and since raised in 1963 to 5/2d.) representing the cost of wages and national insurance payments of the Home Helps plus a percentage addition in respect of administration—may elect to furnish particulars of their financial circumstances so that they may be assessed to pay in accordance with their means. The assessed weekly charge for help provided for a domiciliary confinement case is raised by £1 per week for two weeks when a Home Confinement Grant is payable by the Ministry of National Insurance.

Home Helps.—Payment to Home Helps is made in accordance with the wages scale of the West Midlands Joint Industrial Council, Local Authority Non-Trading Services (Manual Workers). The rates in operation at the end of 1962 were 3/7½d. per hour in the Shrewsbury, Wellington and Oswestry districts, and 3/7¼d. elsewhere in the County, these rates being increased by 2d. per hour for work undertaken in homes where cases of respiratory tuberculosis or certain other infectious diseases are present.

A small number of whole-time Helps is employed for maternity cases and others needing full-time assistance, but in order to avoid "standing time" most of the work is undertaken by part-time helps. In rural areas, "casual" helps are recruited to deal specifically with individual cases.

All Home Helps are provided with overalls and are paid travelling expenses, either in the form of a weekly allowance for the use of bicycles or by the refund of actual 'bus or rail fares. Part-time helps receive payment for travelling time.

On 31st December, 1962, a total of 170 Home Helps was employed (5 full-time and 165 part-time) and the table below shows their distribution throughout the County :

Table 83 : Home Helps employed on 31st December

Centre	Whole-time	Part-time	Total
Bridgnorth	—	20	20
Church Stretton	—	3	3
Ludlow	—	16	16
Market Drayton	1	6	7
Newport	—	6	6
Oswestry	—	22	22
Shrewsbury	4	48	52
Wellington	—	36	36
Whitchurch	—	8	8
Total for 1962	5	165	170
Total for 1961	6	153	159

Work Performed.—During 1962, a total of 1,148 cases was assisted, at an average of 595 per week, and the hours worked and travelled by Home Helps in attending these cases amounted to 181,813.

Particulars of the individual categories of cases are given in the first table below. That this is a very important service for the elderly and chronic sick is emphasized by the fact that they represent 76.5 per cent of the *cases* and that 164,432 (or 90 per cent) of the *hours* worked by the Home Helps were devoted to their help; and this work is a big factor in helping elderly and chronic sick cases to avoid having to leave their homes to enter hospital or welfare accommodation.

Table 84 : Cases attended by Home Helps

Centre	Chronic Sick and Aged	Illness	Maternity	Post-operative	T.B.	Others	Total
Bridgnorth ..	92	1	14	1	1	—	109
Church Stretton ..	13	—	—	1	1	—	15
Ludlow ..	55	2	6	—	—	—	63
Market Drayton ..	41	4	9	—	—	—	54
Newport ..	31	2	5	—	—	1	39
Oswestry ..	102	11	19	2	—	—	134
Shrewsbury ..	267	31	82	7	5	4	406
Wellington ..	238	11	18	6	3	4	280
Whitchurch ..	39	—	7	1	1	—	48
Total for 1962	878	62	160	28	11	9	1,148
Total for 1961	803	59	173	23	11	5	1,074

The steady and consistent increase in all figures since the year 1956 is conspicuous and revealing in the following table :

Table 85 : Elderly and Chronic Sick Cases

Year	Cases			Hours Worked		
	Total— all categories (1)	Elderly and Chronic Sick		Total— all categories (4)	Elderly and Chronic Sick	
		Number (2)	% (3)		Number (5)	% (6)
1953	755	367	49	120,886	87,580	71
1954	731	359	49	129,173	87,695	68
1955	648	383	59	130,239	102,358	78
1956	639	398	62	130,596	106,381	81
1957	709	475	67	140,778	116,449	83
1958	786	530	67	142,552	118,389	83
1959	845	597	71	154,251	130,564	85
1960	965	719	75	171,608	148,039	86
1961	1,074	803	75	172,622	151,070	88
1962	1,148	878	76	181,813	164,432	90

Recovery and Expenditure.—The sum recovered during 1962 from those taking advantage of the Service was £5,137, compared with £4,468 during 1961 and £3,991 during the previous year. The statement below relates the numbers of hours worked and travelled to cases paying for the help at the standard rate, to those paying an assessed weekly charge and those receiving free help. Comparable figures for 1958 to 1961 are also given.

Table 86 : Hours worked and travelled by Home Helps

	1958	1959	1960	1961	1962
Standard Rate	13,602= 9.5%	15,111= 9.8%	14,721= 8.6%	14,672= 8.5%	13,123= 7.2%
Assessed Rate ..	57,302=40.2%	63,871=41.4%	76,855=44.8%	84,543=49.0%	93,375=51.4%
Free ..	71,648=50.3%	75,269=48.8%	80,032=46.6%	73,407=42.5%	75,315=41.4%
TOTAL ..	142,552	154,251	171,608	172,622	181,813

The County Council's assessment scale was modified in January 1958, in September 1959, in April 1961 and again in September 1962, to the advantage of householders, following changes in the National Assistance Board's allowances, upon which the scale is based.

Particulars are given below of the expenditure incurred by the Council in the operation of the Service during 1962 with corresponding totals for the four preceding years :

Table 87 : Cost of Domestic Help Service

Year	Wages and Insurance			Overalls, Rentals, etc.	Total Expen- diture	Payments by House- holders	Nett Cost to County- Council	Receipts as Percentage of Ex- penditure
	Clerical Assistants	Home Helps						
		Whole- time	Part- time					
1958	£ 1,493	£ 3,399	£ 22,301	£ 1,017	£ 28,210	£ 3,546	£ 24,664	% 14.4
1959	1,545	2,680	25,640	1,112	30,977	3,966	27,011	12.8
1960	1,649	2,906	29,954	1,267	35,776	3,991	31,785	11.2
1961	1,684	2,597	33,441	1,449	39,171	4,468	34,703	11.4
1962	1,823	2,358	36,582	1,652	42,415	5,137	37,278	13.8

The wage awards made to Home Helps by the National Joint Council for Local Authorities' Services in July 1959, April 1960, January and April 1961, and in April 1962, have caused the cost of the Service to rise from year to year, but the steady rise from year to year of the percentages in columns 3 and 6 of Table 85, seems to be evidence for the Committee's contention that the service is not abused and that the help goes to where it is most needed, namely to the elderly and chronic sick whose incomes are limited.

As a further aid to those of limited means, the Health Committee have, in 1963, agreed that supplementary National Assistance allowances shall be disregarded for assessment purposes, which has the effect of providing a free service for those on National Assistance.

MENTAL HEALTH SERVICE

Report of Senior Mental Welfare Officer

The functions of Local Health Authorities for patients who are, or have been, suffering from mental disorder are very broadly stated in Section 6 of the Mental Health Act, 1959, to be :

- the provision, equipment and maintenance of residential accommodation, and the care of persons for the time being resident in such accommodation ;
- the provision of centres or other facilities for training or occupation, and the equipment and maintenance of such centres ;
- the appointment of officers to act as mental welfare officers ;
- the exercise by the Local Health Authority of their functions under the Act in respect of persons placed under guardianship ; and
- the provision of any ancillary or supplementary services for the prevention of mental disorder or for the care and after-care of mentally disordered persons.

These functions were given form and urgency by the action of the Minister of Health, first of all in 1960, in requiring local health authorities to draw up in broad outline and in standard pattern their proposals for operating a Mental Health Service in their area; and secondly by requiring them in 1962 to include mental health projects in their Ten-year Plan for the Development of Health and Welfare Services.

Particulars of such mental health projects are given in the following extract from the Capital Building Programme :

MENTAL HEALTH PROJECTS

<i>Year</i>	<i>Project</i>	<i>Places</i>	
1962—63	Shrewsbury Junior Training Centre for Subnormal Children	40 Day and 40 Residential	
1963—64	Wellington Junior Training Centre for Subnormal Children	40 Day	
	*Shrewsbury Hostel for Mentally ill patients	20 Residential	
1964—65	Wellington Adult Training Centre and Hostel for Subnormals	30 Day and Residential	
	Shrewsbury Adult Training Centre and Hostel for Subnormals	50 Day and Residential	
1965—66	Wellington Hostel for Mentally ill patients	24 Residential	
1966—67	Shrewsbury Hostel and Workshop for Mentally ill patients	30 Day and Residential	
1967—68	Dawley Junior Training Centre for Subnormals	30 Day	
1968—69	Oswestry Adult Training Centre for Subnormals	30 Day	
1969—70	Madeley Adult Training Centre for Subnormals	30 Day	
1970—71	North-East Salop Adult Training Centre for Subnormals	30 Day	
1971—72	Wellington Hostel and Workshop for mentally ill patients	30 Day and Residential	

* This project is being re-considered as the building which was to have been adapted has now been taken over for Education Committee purposes.

Staff.—On 31st December, 1962, the staff employed wholly in the Mental Health Service consisted of the following officers :

1 Senior Mental Welfare Officer
6 Mental Welfare Officers
14 Training Centre Staff

In addition, ten Assistant County Medical Officers, the Superintendent Nursing Officer and her Deputy, two Assistant Superintendent Nursing Officers and forty Health Visitors have various duties in the Mental Health Service.

Training of Staff.—On entering the service of the Council, all Assistant County and School Medical Officers who do not possess training and experience in the ascertainment of educationally subnormal pupils and mentally subnormal patients are sent on a special post-graduate course. This, together with practical instruction received both before and after the course from an experienced Medical Officer, qualifies them to examine and report upon children who may be educationally subnormal or unsuitable for education in school. Upon the advice of two members of the Regional Hospital Board Advisory Panel, such Medical Officers may also be approved by the Local Health Authority for the purpose of making medical recommendations in connection with the compulsory admission of subnormal patients to hospital or guardianship. Arrangements are also made to second other members of the staff for appropriate courses of training.

During the year 1962, one Mental Welfare Officer was sent on a special one-year course and was successful in obtaining the Mental Health Certificate awarded by the London School of Economics and Political Science, thus qualifying as a Psychiatric Social Worker.

A member of the Training Centre staff also attended a one-year Course for Teachers of the Mentally Handicapped and was successful in obtaining the Diploma of the National Association for Mental Health.

Mental Illness :

Liaison with Hospital Services.—The proximity of Shelton Hospital to the Council’s Health Department facilitates day-to-day consultation between the Hospital staff and the Council’s Medical and Mental Welfare Officers who also attend clinics and clinical conferences held weekly at the Hospital.

Psychiatric Out-patient Clinics are held at Shrewsbury, Oswestry, Whitchurch, Market Drayton, Wellington, Bridgnorth, Ludlow and Bishop’s Castle. All these clinics are staffed medically by the Regional Hospital Board’s Consultant Psychiatrists and a Psychiatric Social Worker or a Mental Welfare Officer is also in attendance to deal with social problems.

Admissions to Hospitals for Mental Illness.—The Mental Welfare Officers were concerned in the admission to hospital of 344 mentally ill patients in 1962, practically all of whom were admitted to Shelton Hospital. Particulars of these admissions are given in the following table :

Table 88 : Mentally Ill patients dealt with by Mental Welfare Officers

	Male	Female	Total
<i>Mental Health Act, 1959 :</i>			
Informal patients	79	65	144
Compulsory patients :			
(a) Emergency Orders (Section 29)	19	15	34
(b) Observation Orders (Section 25)	35	46	81
(c) Treatment Orders (Section 26)	35	47	82
(d) Hospital Orders (Section 60)	2	—	2
(e) Magistrates’ Court Act, 1952 (Section 26) ..	—	1	1
TOTAL ..	170	174	344

In addition, investigations were carried out by the Mental Welfare Officers into 77 further cases of suspected mental illness. Some of these required no special provision and were allowed to remain in the care of relatives or friends ; others were found to need geriatric services and were admitted to appropriate hospital accommodation ; while others were referred to the County Welfare Officer with a view to admission to the Council’s Residential Homes.

Care and After-Care of the Mentally Ill.—Patients returning to the community after hospital treatment are often unable to deal with some of the problems which re-settlement in the community entails and may require the support of the Local Health Authority’s Mental Welfare Officers for considerable periods. Their most frequent problems are those of finding suitable employment, or accommodation, or settling hire purchase and other debts, as well as those requiring some modification of social relationships. Satisfactory adjustments are important if further breakdown and hospitalization are to be avoided, and good liaison such as exists in Shropshire between general medical practitioners, psychiatrists, mental welfare officers and other social workers who may be concerned with different aspects of family health and welfare plays a vital part in this work.

The following table shows particulars of patients receiving after-care by Mental Welfare Officers during 1962 and with the corresponding figures for 1961 illustrates the expansion which is taking place in the after-care service.

Table 89 : Mentally Ill patients receiving After-care by Mental Welfare Officers of the County Council

	Patients	Visits made during the year
At 31st December, 1962	279	2,669
At 31st December, 1961	140	901

Registration of Mental Nursing Homes.—In Part III of the Mental Health Act, 1959, a mental nursing home is defined as any premises used or intended to be used for the reception of, and the provision of nursing or other medical treatment for, one or more mentally disordered patients, not being a hospital or other premises managed by a government department or provided by a local authority.

Part III of the Act further states that a “registration authority” in relation to a mental nursing home means the county or county borough council in whose area the home is situated ; and that Part VI of the Public Health Act, 1936, relating to the registration of ordinary nursing homes, and Byelaws made thereunder, are also applicable subject to modifications and additions embodied in Regulations made by the Minister.

There are two registered Mental Nursing Homes in this County, namely :

(a) *The Grove House (Church Stretton) Ltd.*

This Home is registered for the reception of 30 mentally ill patients who may, if necessary, be detained in accordance with the appropriate provisions of the Mental Health Act, 1959.

(b) *Loppington House, Wem.*

Loppington House has been registered for the reception of 65 children aged sixteen years and under, of both sexes, who are suitable to live in association and who are not subject to detention. Most of the children in the Home are long-stay patients. Some of them are maintained by the Birmingham Regional Hospital Board, while others are accommodated under private arrangements between the parents and the Managers of the Home. A few short-stay cases are sent by other local authorities.

Both Mental Nursing Homes are inspected quarterly by officers of the County Health Department.

Subnormality and Severe Subnormality :

Care and After-Care.—By arrangement with the Education Department a Mental Welfare Officer now always makes the initial visit to a child’s home before a decision is recorded that he is unsuitable for education in school, in order to explain the position to the parents, and, if appropriate and possible, to arrange for the child to attend a training centre.

During 1962, the Local Education Authority recorded 24 such decisions and furnished reports to the Local Health Authority in order that the Mental Welfare Officers or Health Visitors might henceforth make regular visits to the homes for as long as necessary to give any help or advice which might be required.

In addition, 35 educationally subnormal school leavers were referred informally by the Education Authority to the Health Authority in order that the Mental Welfare Officers and Health Visitors might keep in touch with them while they are growing up and offer such assistance as may be needed.

The total number of subnormal and severely subnormal patients who on 31st December, 1962, were receiving home visits by the Local Health Authority’s Officers was 887 who are classified according to sex and age in the following table :

Table 90 : Subnormal and Severely Subnormal Patients Receiving Home Visits

	Age at 31st December, 1962					Total
	Under 5	5—15	16—30	31—60	Over 60	
Males	4	72	282	101	8	467
Females	—	68	230	110	12	420
TOTAL	4	140	512	211	20	887

Employment.—Of the 743 adults receiving home visits, 355 were in paid employment, 202 were occupied to a certain extent helping in domestic or other work at home and 186 had no employment or occupation.

A number of the patients who are shown as being in employment have difficulty in retaining a job and their resettlement in fresh employment frequently involves Mental Welfare Officers in painstaking and time-consuming enquiries.

Junior Training Centres.—Many parents who otherwise would feel unable to continue keeping their severely subnormal child with them gladly do so if a Junior Training Centre is available. The Training Centre, therefore, plays an extremely important part in the lives of parents and child by keeping the family together as well as developing the child’s aptitudes and improving his social behaviour. The Training Centre also saves valuable hospital places which should only be used for children who require nursing or medical care, or for some other valid reason.

The Shrewsbury Training Centre continues to do useful work in the overcrowded accommodation at Sutton Lodge, Betton Street, where thirty-eight day pupils and ten weekly boarders attend, and it is hoped that the new premises at Woodcote Way, Monkmoor, will be ready for occupation in September, 1963. *The Centre at Woodcote Way has been planned to accommodate forty day pupils and forty weekly boarders and the latter will be drawn from the more remote and inaccessible parts of the county.

* Opened on 9th September, 1963.

When the new Shrewsbury Training Centre was conceived it was thought that probably all the children attending the part-time Day Centres at Oswestry, Wem and Whitchurch would be absorbed into the Shrewsbury Centre as weekly boarders. No doubt most of them will be, but a few who have not reached a suitable stage of development may be allowed to continue attending the part-time Day Centres for some time before being transferred to Shrewsbury as weekly boarders.

The Wellington Junior Centre continues to operate in a one-room building in the grounds of the Vineyard Children's Home. Some 27 children are on the register, but owing to the extremely limited accommodation several are unable to attend full-time. It has long been recognised and decided that adequate, permanent premises are essential and provision has been made in the Council's 1963/64 Capital Building Programme for the erection of a new training centre.

There is strong feeling among parents in the area served by the Wellington Centre that the provision of premises complying with modern standards is long overdue and it is hoped that by the time the next Annual Report is presented to the Council a new Wellington Junior Training Centre in purpose-built premises may be approaching completion.

Adult Training Centres.—Only a very few of the pupils who attend junior training centres will be capable of undertaking open employment, and as many of the benefits of their early training might eventually be lost if no substitute were provided, it seems important that Adult Training Centres should be established. Provision has been made in the Capital Building Programme for 1964/65 for the erection of Adult Training Centres with associated hostel accommodation in Wellington and Shrewsbury and it is intended later on to provide some Adult Centres in other parts of the County.

Guardianship.—The conception of guardianship under the Mental Health Act is that it can appropriately be used when it is necessary to exercise some degree of control over the residence or activities of a person. At present there would appear to be practically no scope for this form of care in Shropshire, but when hostels are provided it is possible that guardianship may be appropriate in a few instances.

There are at present only two severely subnormal Shropshire patients under guardianship, both of whom reside in the County of Surrey, the Brighton Guardianship Society undertaking visits on the Council's behalf.

Voluntary Organisations.—The Shrewsbury and Wellington branches of the National Society for Mentally Handicapped Children are vigorous bodies who augment our efforts for children and adults and organize various outings and social activities. They also make valuable gifts which have in the last few years included a television set, radio, tape recorder, record player and various toys. Their interest in forthcoming provisions is naturally great and the Shrewsbury Branch have offered a very substantial contribution to the cost if the Council will provide a swimming pool of learner type at the new Shrewsbury Junior Training Centre. This proposal the Health Committee have accepted with great appreciation, and it is hoped that the pool may be in use in 1964.

One must acknowledge the tremendous enthusiasm of these Societies and the great help given by them. Other voluntary organisations have from time to time made gifts to the Centres and to individual patients whose needs have been made known by the Mental Welfare Officers. Such gifts, however small, are always very welcome and help to brighten the lives of the recipients.

Hospital Care.—Shropshire patients to the number of 374 are in hospitals for the subnormal in various parts of the country. During the year, 13 of these were admitted for care for an indefinite period. In addition, arrangements were made for 19 patients to receive short-term care for periods varying from two to four weeks. A short break is usually of considerable benefit to both the patient and his family, either to tide over some emergency, or to enable the rest of the family to take a holiday together, perhaps for the first time in their lives.

On 31st December, 1962, there were 29 severely subnormal patients awaiting hospital care, most if not all of whom will be admitted eventually to Stallington Hall Hospital.

The classification of these patients by sex and age is given in the table below :

Table 91 : Severely Subnormal Patients awaiting Admission to Hospital

Sex	Age Groups					Total
	Under 5	5—15	16—30	31—60	60+	
Males	3	6	4	5	—	18
Females	—	6	3	2	—	11
TOTAL	3	12	7	7	—	29

There were no patients of the subnormal category awaiting admission.

Liaison with Hospitals for the Subnormal.—This is rather less easy than with Shelton Hospital owing to the fact that these hospitals are all situated at considerable distances from the County. The position has, however, improved since the Regional Hospital Board defined "areas of responsibility" for their Medical Superintendents, who also act as Consultants in Subnormality.

Dr. T. Crowley, the Medical Superintendent of Stallington Hall, near Stoke-on-Trent, is the Consultant for Shropshire. When it is considered that a patient will require hospital care for an indefinite period arrangements are made for Dr. Crowley to visit the patient's home, accompanied by the Deputy County Medical Officer and the Senior Mental Welfare Officer, the purpose being to agree upon the necessity for such care and to establish the degree of urgency for admission. The need for careful selection is underlined by the fact that, as will be seen from Table 91 above, there were 29 Shropshire cases awaiting hospital care at the end of the year.

Except where there are special circumstances, all subnormal or severely subnormal Shropshire patients requiring hospital care are now admitted as and when vacancies occur to Stallington Hall Hospital.

E. A. R. WARD,
Senior Mental Welfare Officer.

NURSING HOMES

Registration.—The Public Health Act, 1936, Part VI, requires the registration of all nursing homes, maternity and other, and the County Council, as Registration Authority, have power to grant exemption from registration in certain cases.

The Mental Health Act, 1959, Part III, also applies these provisions, subject to specified modifications, to the registration and inspection of mental nursing homes.

The following are particulars of registered nursing homes at the end of the year. One home was closed and additional beds approved at three other homes during the year.

Table 92 : Nursing Homes

Accommodation provided			Nursing Homes	Beds available
General Cases only	..	..	4	48
Maternity Cases only	..	..	1	5
Maternity and General	..	..	4	32
Mental Cases only	..	..	2	95
TOTAL			11	180

Inspection.—Routine inspection of general and maternity nursing homes is undertaken by the Superintendent Nursing Officer and her Assistants, and an effort is made to visit each home regularly. In addition, Medical Officers of the Department visit the homes periodically, and in every case when application is made to increase the permitted number of beds.

In the case of mental nursing homes, inspection is required, by virtue of the Mental Health (Registration and Inspection of Mental Nursing Homes) Regulations, 1960, to be undertaken at such intervals as the registration authority may decide, but not less frequently than once in each of the six month periods commencing in May and November each year. These inspections are undertaken by the Deputy County Medical Officer and the Senior Mental Welfare Officer.

REGISTRATION OF DAY NURSERIES AND DAILY MINDERS

Under the provisions of the Nurseries and Child Minders Regulation Act, 1948, which came into force on 30th July of that year, the County Council, as Local Health Authority, are required to register and supervise :

- (a) private persons (daily minders) who receive into their homes, for reward, children under the age of 5 years to be looked after for the day, or for a longer period not exceeding six days ; and
- (b) premises (day nurseries) in which children below the upper limit of compulsory school age are looked after for the day, or for a longer period not exceeding six days, within the provisos implicit in the next two paragraphs.

Registration is not required in the case of hospitals, homes or institutions maintained by Government Departments and Local Authorities, schools and nursery schools supervised by Local Education Authorities, or premises and child minders supervised under Child Life Protection enactments.

After the expiration of a period of three months following the coming into operation of the Act, it became an offence for a child to be received into an unregistered day nursery, or for more than two children under the age of five years from more than one household to be received by an unregistered child minder who is not a relative.

The Act empowers the County Council to define requirements which must be complied with :

- (a) in the case of day nurseries, the condition of the premises, the number and qualifications of the staff, equipment, feeding arrangements, medical supervision and records ; and
- (b) in the case of both nurseries and daily minders, the number of children to be received and the precautions to be taken against the spread of infectious diseases.

During 1961, three premises were registered, providing a total of 46 places for children below the upper limit of compulsory school age. A further property was registered during 1962 bringing the total number of places for children to 64.

Inspection of these premises is undertaken by members of the Department's Medical Staff.

WELFARE OF THE BLIND

Welfare of the Blind is the responsibility of the Welfare Committee of the County Council and the information which follows has been made available for inclusion in this report by courtesy of the County Welfare Officer, F. G. Fawcett, Esq., T.D., F.I.S.W.

Register of Blind Persons.—On 31st December, 1962, the numbers of persons included in the Shropshire Register of Blind and Partially-Sighted Persons were as follows :

Table 93 : Register of Blind and Partially-Sighted Persons

	Males	Females	Children	Total
Blind	244	317	19	580
Partially-sighted ..	31	43	19	93
TOTAL ..	275	360	38	673

Additions to the Register.—During the year, the number of persons examined by Ophthalmologists, at the request of the County Welfare Officer, was 104; of these 77 persons (32 male and 45 female) were certified as blind persons and included in the Register. In addition, 16 persons (7 male and 9 female) were certified as partially-sighted. Eleven persons were found to be neither blind nor partially-sighted.

Of the 93 people added to the Register during the year, 68 blind persons (27 males and 41 females) and 13 partially-sighted persons (6 males and 7 females) were 60 years of age or more.

Causes of Blindness.—In 31.1 per cent of the new cases the primary cause of blindness was cataract; 16 of these cases were all aged 70 years or more. Other major causes of blindness were: macular degeneration 10; glaucoma 14; myopia 3; diabetic retinopathy 5.

The blind persons for whom treatment was recommended numbered 40, medical treatment being suggested in 18 cases, surgical in 16 cases, and optical in 6 cases. Hospital supervision was recommended in 21 cases. No treatment was suggested in 16 cases.

Three of the persons for whom surgical treatment had been recommended and one person for whom medical treatment had been recommended refused to accept it.

Although treatment of one form or another or hospital supervision was recommended in 61 cases, it was thought that this would result in the removal of only 6 persons from the category of blind persons. In addition, it was considered inadvisable, on general grounds, to carry out for 2 persons treatment which might have resulted in their removal from the blind category.

The following table relates to the provision of treatment as a result of follow-up action in the case of blind and partially-sighted persons :

Table 94 : Follow-up of Registered Blind and Partially-Sighted Persons

	CAUSE OF DISABILITY									
	Cataract		Glaucoma		Retrolental Fibroplasia		Others		Total	
	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight	Blind	Part. Sight
Cases registered during 1962 in respect of which the relevant paragraphs of Form B.D.8 recommended :										
(a) No treatment	3	—	—	—	—	—	13	—	16	—
(b) Treatment (medical, surgical or optical) ..	20	5	5	2	—	—	15	2	40	9
(c) Hospital supervision	2	—	9	—	—	—	10	7	21	7
Cases at (b) and (c) above which, on follow-up action, have received, or will receive, treatment	17	5	13	2	—	—	25	9	55	16

EPILEPSY AND SPASTIC PARALYSIS

Responsibility under Section 29 of the National Assistance Act, 1948, for the Welfare of Handicapped Persons (those substantially and permanently handicapped by illness, injury or congenital deformity) is that of the Welfare Committee.

Such persons include those suffering from Epilepsy and Spastic Paralysis. Close liaison between the County Health and Welfare Departments ensures that persons over school-leaving age who can be described as permanently and substantially handicapped are given the opportunity to receive such assistance as the County Welfare Committee can provide.

On 31st December, 1962, the numbers of persons in this County suffering from epilepsy or spastic paralysis, and known to the County Welfare Department, were as follows :

	Males	Females	Total
Epilepsy	18	23	41

(Of these, 17 were accommodated in their own homes; 2 were in hospital; 7 were accommodated on behalf of the Council by voluntary organizations; and 15 were in accommodation provided by this Authority under Part III of the National Assistance Act, 1948).

	Males	Females	Total
Spastic Paralysis ..	10	17	27

(Of this total, 21 were accommodated in their own homes; 1 was in hospital; 1 was accommodated in the Royal Midland Counties Home for Incurables, Leamington Spa; 2 were in the Derwen Cripples' Training College, Gobowen; 1 was in the Manchester Cripples' Help Society Home, Tan-y-Bryn, Abergele; and 1 was in Coombe Farm.

In addition to the above, there were known to the School Health Service the following cases of epilepsy and spastic paralysis amongst children up to 16 years of age :

	Males	Females	Total
Epilepsy	48	59	107
Spastic Paralysis ..	51	45	96
TOTAL ..	99	104	203

MEDICAL EXAMINATIONS

Staff appointed for service with the County Council are required to be medically examined, and this is undertaken by the Department's Medical Officers. Entrants to the teaching profession, firemen attending courses, etc., are also examined and, on occasions, examinations are performed on behalf of other local authorities. Chest X-rays are arranged for those whose work will bring them into contact with children.

Medical examinations carried out during 1962 totalled 568, as indicated below, and a further 23 examinations were made on our behalf by other local authorities :

	Examinations
Teaching profession and Teachers' Training College Students ..	199
Staff—Superannuation purposes	251
Breathing apparatus courses and retained firemen	78
Miscellaneous	6
On behalf of other local authorities	34
	<hr/> 568 <hr/>

INSPECTION AND SUPERVISION OF FOODS

Qualitative Sampling of Milk and Other Foods.—Under Section 2 of the Food and Drugs Act, 1955, a person who sells to the prejudice of a purchaser any food or drug which is not of the nature, substance or quality demanded is guilty of an offence; and under Section 91 of the Act, an Authorised Officer of a Food and Drugs Authority may procure samples of foods and drugs for analysis, with a view to ensuring compliance with Section 2.

Except in the Borough of Shrewsbury, which is an independent Food and Drugs Authority, the County Council are the responsible authority within the County.

Milk.—

Testing of Milk Samples.—Following approval by the County Council early in 1958 of the policy of testing milk samples within the Health Department, the following procedure with regard to milk sampling is adopted by the Department's Sampling Officers. In the course of routine sampling, two samples of the same grade of milk are obtained from the retailer. One is divided formally unto three parts, and sealed and labelled in accordance with the procedure laid down under the Act; the other is treated as an "informal" or "comparative" sample, and is tested in the Health Department Laboratory, for Fat and Solids-not-Fat content. If this latter sample is shown to contain water, other than a trace, by the "Hortvet Freezing Test" method or has more than a minimum deficiency of milk fat, the corresponding formal sample is forwarded to the Public Analyst for analysis, together with any other samples obtained from the same retailer which may be necessary to provide evidence if legal proceedings are instituted.

Individual samples received on complaint from members of the public are also submitted direct to the Analyst where it is not possible to obtain a corresponding sample.

During the year, 1,197 milk samples were tested in the Department's Laboratory; 27 of these were found to be below legal standards and action was taken as follows :

- 15 were slightly deficient in fat and the vendors were notified.
- 2 were slightly deficient in fat and solids-not-fat and the vendors were notified.
- 1 was deficient in fat and the comparative formal sample was forwarded to the County Analyst and is reported on below.
- 7 were found to contain extraneous water of varying amounts and in addition 4 of these were deficient in fat. The comparative formal samples were forwarded to the County Analyst and are reported on below.
- 2 "Appeal-to-Cow" samples relative to the above were deficient in fat and solids-not-fat.

Analyses by the County Analyst :

21 samples were analysed, of which 9 were reported as being adulterated or below standard, and were dealt with as follows :

- 1 sample of Channel Islands milk was found to be deficient in fat and legal proceedings were instituted against the producer concerned as indicated in the table below.
- 6 samples were found to contain extraneous water of varying amounts. Legal proceedings were instituted against the producer concerned as indicated in the table below.
- 2 "Appeal-to-Cow" samples relative to the above were deficient in fat when compared with the presumptive minimum standards prescribed by the Sale of Milk Regulations.

Table 95 : Proceedings under the Food and Drugs Act

Magistrates' Court	Analysis	Result	Fine	Costs
Mid-Shropshire	12.5% fat deficiency. (Channel Islands Milk)	Case proved (plea of guilty)	£8 0 0	£2 3 0
Wellington	<div><div>5.3% added water</div><div>3.5% "</div><div>12.3% "</div><div>4.7% "</div><div>7.6% "</div><div>5.9% "</div></div>	Case proved (plea of guilty)	£5 0 0 in respect of each of six charges; total £30 0 0	£25 16 0

Radioactivity in Milk (Iodine 131).—During the year six composite samples of milk from 40 farms in the County were tested for Iodine 131. The results showed an average of 16.9 micro-micro curies per litre present. The Agricultural Research Council report that if an average of 130 micro-micro curies is not exceeded over a period of twelve months this figure can be regarded as being within the safety limits.

Average Composition of Milk.—The Sale of Milk Regulations, 1939, prescribe a standard for milk of 3 per cent for fat content and 8.5 per cent for Solids-not-Fat content and milk which, on examination, does not come up to this standard is presumed to be "non-genuine" until the contrary is proved. Where the solids-not-fat content is below 8.5 per cent, however, unless the presence of extraneous water is determined by the Hortvet Freezing Point Test, such samples are returned as "genuine" provided, of course, the fat content is satisfactory.

Of the 1,197 milk samples tested during the year, 27 were either adulterated or below, the required standard, representing 2.3 per cent of the total.

Table 96 below gives particulars of the average fat and solids-not-fat content of the samples of milk, including adulterated and "appeal-to-cow" samples, and excluding Channel Islands and South Devon milk, which is dealt with separately in Table 97 overleaf, taken during 1962 with comparative totals for the preceding seven years.

Table 96 : Average Composition of Milk Samples

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	101	3.67	8.72
February ..	59	3.55	8.70
March ..	92	3.55	8.64
April ..	55	3.51	8.64
May ..	88	3.40	8.70
June ..	76	3.34	8.65
July ..	78	3.44	8.63
August ..	92	3.56	8.84
September ..	82	3.65	8.70
October ..	87	3.68	8.75
November ..	94	3.75	8.75
December ..	92	3.75	8.63
1962 ..	996	3.57	8.69
1961 ..	970	3.51	8.63
1960 ..	1,076	3.50	8.64
1959 ..	1,084	3.45	8.65
1958 ..	1,100	3.60	8.65
1957 ..	1,087	3.60	8.80
1956 ..	1,231	3.69	8.68
1955 ..	1,239	3.62	8.54

As regards fat, it will be seen that May and June show the lowest figures and October, November and December the highest figures. This is a natural variation, the fat content usually being at its lowest during the Spring and Summer and highest during the Autumn and Winter.

The prescribed standard for Channel Islands and South Devon milk is 4 per cent for fat and 8.5 per cent for solids-not-fat. The following table gives particulars of the samples of Channel Islands milk examined during 1962, with comparative totals for the preceding five years :

Table 97 : Channel Islands Milk—Average Composition

Month	Samples	Average fat percentage	Average solids-not-fat percentage
January ..	20	4.73	9.09
February ..	13	4.61	9.14
March ..	16	4.69	8.95
April ..	17	4.78	8.99
May ..	19	4.58	9.10
June ..	14	4.53	9.19
July ..	18	4.03	9.07
August ..	16	4.77	9.01
September ..	14	4.76	9.09
October ..	22	4.85	9.13
November ..	14	4.94	9.12
December ..	18	4.89	9.05
1962 ..	201	4.68	9.07
1961 ..	170	4.64	9.06
1960 ..	137	4.68	9.08
1959 ..	132	4.65	9.05
1958 ..	111	4.85	9.05
1957 ..	147	4.90	9.15

Other Foods and Drugs.—Table 99 on page 74 summarises the 437 samples of other Foods and Drugs which were examined by the Public Analyst and the following particulars indicate the action taken in respect of those samples found on analysis to be non-genuine.

- 1 informal sample of Yoghourt was found to be made from skimmed milk and not curdled milk and was, therefore, incorrectly described as “Yoghourt,” although the declaration of the ingredients on the packet was in accordance with the Labelling of Food Order. The Analyst stated that it would be difficult to establish in Court what Yoghourt should consist of, as there were many opinions on the matter. A copy of the certificate was forwarded to the vendor who stated that the label would be amended.
- 1 informal sample of Sago was found to consist of Tapioca containing foreign matter. The extent of contamination was not large and the firm concerned agreed to take precautions that deliveries from their depot were from fresh stocks.
- 1 informal sample of Potato Crisps was found not to be starch reduced as was claimed on the label. The manufacturers replied that instructions had been given to revise the wording on the packet.
- 1 informal sample of Glucose with vitamin D. was found to contain calcium glycerophosphate in excess of the amount declared. After correspondence with the manufacturers and the analyst, the only explanation which could be reached was that the excess was due to a failure to secure uniform mixing. The manufacturers stated that they were taking a number of additional precautions to ensure that the weights of ingredients of future batches were carefully checked and that there should be no cause for complaint in the future.
- 2 samples of Borax B.P. (one informal and one formal) were found not to conform to the arsenic limit of the B.P. Legal proceedings were instituted against the packers concerned with results as indicated in Table 98.
- 1 informal sample of sliced Bread was forwarded following a complaint by a member of the public to a District Public Health Inspector. The Analyst reported that embedded in the bread was a fly, similar in character to a house fly. The person concerned had not noticed the fly until butter had been applied and could not be absolutely certain that the fly was in the bread itself, and in addition did not wish to attend Court. A representative of the bakery concerned was interviewed and it was explained to him why legal proceedings had not been taken and an assurance was obtained that all possible steps were taken at the bakery to ensure a high standard of cleanliness and hygiene.
- 1 informal sample of “Russian Salad” was found not to conform to the Labelling of Food Order. The stores concerned gave an undertaking that this contravention of the Labelling of Food Order would cease.
- 1 formal sample of Bread was found to have an abnormal and somewhat unpleasant odour, not identifiable by chemical analysis. An inspection by the District Public Health Inspector was made at the bakery concerned, but no obvious defects in the method of production could be found. In view of the fact that only one complaint had been made, it was considered that this must have been an isolated case, probably caused by dampness in one of the flour bags. In the circumstances no further action was taken but the bakers concerned were informed that a more stringent view would be taken of any future complaint of this nature.
- 1 informal sample of Cake Mixture was found to contain an excess of fatty acid in the fat. It was ascertained that this was old stock and a representative of the company concerned was interviewed, and a written undertaking obtained that all supplies of this particular commodity found at any of the firm’s branch shops had been destroyed.
- 1 formal sample of Hovis bread was found to contain a piece of aluminium wrapping foil coated on one side with thin paper. The firm concerned was warned that the County Council took a serious view of this matter, but in view of the firm’s previous good record, it had been decided on this occasion not to institute legal proceedings.
- 1 formal sample of Pork Sausage was found to contain a feather embedded in the meat. A representative of the producers was interviewed and as a result of the previous good record of the company concerned, a warning letter was sent.
- 1 informal sample of Cochineal colouring was found not to comply with the labelling requirements of the Colouring Matter in Food Regulations, 1957. The Analyst reported that this offence appeared to be a very minor one. The producers replied that steps had already been taken to correct the label.

- 1 informal sample of Halibut Liver Oil Capsules was found to be incorrectly labelled. The British Pharmacopoeia requires the label on the container of halibut liver oil capsules to state the date of preparation. This date was not given on the label of the sample but was embossed on the bottom of the container. The manufacturers were of the opinion that labelling did not cease to be labelling merely because the base of the tin was used. On the suggestion of the Analyst the matter was put to the Pharmaceutical Society whose Secretary replied that on the facts as given he was of the opinion that the container was correctly labelled, and no further action was taken.
- 1 informal sample of "Twin Lollies" was found to bear a label not in accordance with the Labelling of Food Order. The manufacturers replied that the printing on the bags of their commodity had been altered.
- 1 informal sample of Boned Chicken in Jelly had unsatisfactory labelling because the words "in chicken jelly" were printed in such small type that there were not apparent without very close scrutiny. The suppliers replied that the offending label had already been changed.
- 1 informal sample of Ice Lollies was found not to be labelled in accordance with the Labelling of Food Order. The manufacturer was advised and replied that the labelling would be altered.
- 1 informal sample of Dried Milk was obtained from a School Canteen following a complaint that on reconstitution a brown scum appeared. The sample was found to contain dark particles which consisted of charred milk. The charring had probably been caused during the process of spray-drying. The Secretary for Education was informed.
- 1 informal sample of Cake and Pudding Mixture was found to contain a polyoxethylene derivative that is not a sorbitan ester of a fatty acid, and is not permitted by the Emulsifiers and Stabilisers in Food Regulations, 1962. The producers replied that they were aware that this emulsifier was no longer a permitted ingredient in view of the coming into force of the new Regulations and confirmed that the use of the emulsifier had been discontinued.
- 1 informal sample of Frosting Mix was found to be not labelled in accordance with the requirements of the Labelling of Food Order. The manufacturers replied that the labelling had been altered.
- 3 samples of Beef Sausage meat (two informal and one formal) were obtained from School Canteens and were found to be deficient in meat and in addition the formal sample contained excess fat. The two manufacturers concerned were warned that the County Council take a serious view of cases in which foods do not measure up to legal or negotiated standards.
- 1 informal sample of Ice-Cream was obtained from a mobile van, the advertisement on which gave the impression that dairy ice-cream was being sold, but this was not the case. As the vendor operated from premises outside the County, the appropriate Medical Officer of Health was informed. The vendor was interviewed and his attention drawn to the fact that the advertisement might be misleading and he agreed to remove the description from the van.
- 1 informal sample of Sterilised Cream was obtained and found to be contaminated with a biological growth having the microscopical characteristics of a fungus. The packers replied that from the batch number quoted on the can, this sample was of very old production. One tin only remained in stock at the shop where the sample was obtained and this was withdrawn.

Following a complaint regarding school milk, a visit was made to a school by the Assistant County Public Health Officer and it was found that a one-third pint bottle of milk delivered to the school contained part of a drinking straw. The "straw" had been pressed on to the rim of the bottle by the capping machine. Legal proceedings were instituted against the supplier, the results of which are given overleaf. The bottle was not forwarded to the Analyst, but was produced in Court as evidence.

Table 98 : Court Proceedings

Magistrates' Court	Analysis	Result	Fine	Costs
Shifnal	Borax B.P. containing an excess of arsenic ..	Case proved (Plea of guilty)	£5	—
Ironbridge	Bottle of School Milk containing part of a drinking straw	Case proved	£5	—

Table 99 : Food and Drug Samples taken in 1962 and Analysed by the County Analyst

Samples	Total	Formal		Informal	
		Genuine	Adulterated or below standard	Genuine	Adulterated or below standard
Milk	21	4	9	8	—
Baking Powder	3	—	—	3	—
Beverages	1	—	—	1	—
Blancmanges, Cornflour and Custard Powders	7	—	—	7	—
Bread	4	—	2	1	1
Butter	14	1	—	13	—
Cake, Pudding and Sponge Mixtures ..	8	—	—	5	3
Cakes, Puddings and Confectionery ..	11	—	—	11	—
Cereals	2	—	—	2	—
Cheese and Cheese Products	7	—	—	7	—
Chewing Gum	4	—	—	4	—
Coffee and Coffee Products	6	—	—	6	—
Flavoured, Condensed, Evaporated and Dried Milk	9	—	—	7	2
Condiments	8	—	—	8	—
Cream	8	1	—	6	1
Fats	9	—	—	9	—
Fish and Fish Products	11	—	—	11	—
Flavourings and Colourings	9	—	—	8	1
Flour	8	—	—	8	—
Fruit, Dried	10	—	—	10	—
Fruit Juices	3	—	—	3	—
Fruit, Tinned and Fresh	6	—	—	6	—
Gelatine	4	—	—	4	—
Gravy Browning and Salt	6	—	—	6	—
Herbs, Spices and Stuffing	10	—	—	10	—
Ice Cream	7	—	—	4	3
Jam, Marmalade, etc.	15	—	—	15	—
Jelly and Jelly Crystals	4	—	—	4	—
Lemonade Crystals	2	—	—	2	—
Margarine	8	—	—	8	—
Marzipan and Almond Paste	2	—	—	2	—
Meat and Meat Products	35	1	—	33	1
Medicines and Drugs	45	—	1	42	2
Nuts	3	—	—	3	—
Olive Oil	2	—	—	2	—
Pickles	4	—	—	4	—
Rice and Rice Products	2	—	—	2	—
Sago, Tapioca, etc.	7	—	—	6	1
Sauces	10	—	—	10	—
Sausage	11	—	2	7	2
Soft Drinks	12	—	—	12	—
Soups	6	—	—	6	—
Sugar, Glucose, etc.	9	—	—	8	1
Sweets	8	—	—	8	—
Syrup and Treacle	4	—	—	4	—
Tea	5	—	—	5	—
Vegetables	13	—	—	11	2
Wines, Spirits, Beer, etc.	32	14	—	18	—
Yeast	2	—	—	2	—
TOTAL ..	437	21	14	382	20

Sampling of Raw Milk.—The County Sampling Officers obtain samples of raw milk which is sold by retail and these are tested for the presence of tubercle bacilli and brucella abortus. In the case of samples found positive for tubercle bacilli, the diseased animals are dealt with under the Tuberculosis Order by the Ministry of Agriculture, Fisheries and Food and the District Medical Officers of Health concerned are informed to enable action to be taken under the Milk and Dairies Regulations and conditions placed on the sale of the milk for human consumption.

When a sample is found to be positive for brucella abortus the County Medical Officer of Health takes action under Section 31 of the Food and Drugs Act, 1955, by which it is an offence for milk to be sold from the excretors of the organism. It is incumbent on the owner of the herd to take every precaution to prevent milk from the diseased animals contaminating that produced by the other animals in the herd. Usually the infected animals are taken out of the herd and sold for slaughter.

There are 137 herds in the County producing milk for retail sale which is sold without heat treatment. Every effort is made to sample each herd at least once in every twelve months.

Table 100 : Sampling of Raw Milk Supplies

Source	Tubercle bacilli			Brucella abortus					
	Herds Investigated	Samples Neg.	Pos.	Herds Investigated	Herds Neg.	Pos.	Samples Obtained	Samples Neg.	Pos.
T.T. retail	98	98	—	106	88	18	1,020	953	67
Undesignated Consents ..	17	17	—	17	14	3	87	86	1*
County Welfare Homes ..	1	1	—	1	1	—	—	—	—
School Supplies ..	1	1	—	1	1	—	—	—	—
Hospital Dairy Farm ..	1	2	—	1	1	—	—	—	—
TOTAL ..	118	119	—	126	105	21	1,107	1,039	68

*Two herds which were positive on the bulk samples were negative on the individual cow samples. This could be due to the eight weeks delay between the results of the biological samples being reported and animals being sold from the herd or being dry when individual cow samples were taken.

Investigations were completed during the year in respect of 8 herds, the persistent excreters being sold as barren or fat stock for slaughter.

Milk in Schools Scheme.—Approval of milk supplied to schools is normally restricted to that designated either as “Pasteurised” or “Tuberculin Tested” and whenever “Pasteurised” milk is available this is supplied. Of the maintained, grant-aided and independent schools in the County receiving liquid milk, 355 had pasteurised and 2 had non-pasteurised but Tuberculin Tested milk.

A census taken by the County Education Department in September, 1962, showed that 81 per cent of the pupils in attendance at these schools received liquid milk under the Milk in Schools Scheme.

Examination of School Milk Supplies.—Samples of all school milk supplies are examined at least once a quarter. All samples are put to a Methylene Blue Colour test to determine the keeping quality of the milk and, in the case of “Pasteurised” milk, also to a Phosphatase test to determine whether the milk has been properly heat treated. The following table summarises the results of the examination of samples taken during 1962 :

Table 101 : Examination of School Milk Supplies

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satisfactory	Unsatisfactory	Void*	Satisfactory	Unsatisfactory
Pasteurised	268	255	5	8	268	—
Tuberculin Tested ..	7	7	—	—	—	—
TOTAL ..	275	262	5	8	268	—

*These samples were declared “void” because the atmospheric shade temperature at which they were stored in the Laboratory before testing exceeded 65°F.

The follow-up samples in respect of the methylene blue failures above proved to be satisfactory.

Milk (Special Designation) Regulations, 1960.—The County Council, as Food and Drugs Authority for the County (other than the Borough of Shrewsbury), are responsible for the licensing of premises used for the pasteurisation and sterilisation of milk.

From 1st January, 1961, responsibility for the issue of Milk Dealers’ licences, with minor exceptions such as licences issued to the Milk Marketing Board, was transferred from District Councils to the County Council as Food and Drugs Authority. Licences issued are valid for 5 years and cover milk bottled on the dealers’ premises as well as “pre-packed” milk which is obtained by the licensed dealer in the container in which it is delivered to the consumer, and are issued for vending machines as well as premises.

Dealers’ Licences.—Licences issued by the County Council in 1961, included 236 Dealers’ (Pre-packed) licences (which cover “Tuberculin Tested”, “Pasteurised” and “Sterilised” milks) and 34 Dealers’ (Tuberculin Tested) licences.

Sterilised Milk.—No licences for the sterilisation of milk have yet been issued in respect of premises in this County.

Pasteurised Milk.—On 1st January, 1961, licences in respect of five pasteurising establishments were renewed by the County Council, and subject to the conditions prescribed by the above-mentioned Regulations will, unless suspended or revoked, remain operative until 31st December, 1965.

All such establishments are inspected regularly by the County Public Health Inspector and his Assistant, and the equipment and methods of production checked.

Samples of milk are also obtained and submitted for the statutory phosphatase test, which determines whether heat treatment has been properly carried out, or whether, after such treatment, the milk has been “contaminated” by the addition of raw milk.

Tests are made to determine the sterility of bottles and churns used at the various pasteurising plants. Of 52 tests made during the year, 44 were satisfactory.

Milk samples obtained during 1962 from pasteurising establishments licensed by the County Council numbered 215, and all were satisfactory.

Attested Area.—The whole of the County became an Attested Area on 1st October, 1959. This means that all the cattle in both dairy and beef herds are “Attested” animals, i.e. those which have been examined by a Veterinary Officer and found clinically free from Tuberculosis and also have not reacted to the single intradermal comparative Tuberculin Test. All Attested animals in the County are at present subjected to examination and test at least once every twelve months. Positive reactors found in any herd are sent for slaughter and the remaining animals are further tested after two months, six months and again after twelve months, and if no further positive reactors are found routine testing is resumed. If further reactors are found, the procedure is repeated.

A farmer holding a licence to produce Tuberculin Tested milk must have only Attested animals in his herd and must also satisfy the Ministry of Agriculture, Fisheries and Food that his premises, water supply and handling and production methods meet the requirements governing the issue of such licences.

The Milk (Special Designations) (Specified Areas) Orders, 1956—60.—When a “Specified Area” is declared by the Ministry (and this now applied to the whole of Shropshire) only “designated milk” (i.e. Pasteurised, Sterilised or Tuberculin Tested milk) may be sold by retail for human consumption (other than catering sales) in the districts in that area. Where, however, any part of a district cannot be supplied with milk from a designated source, the Ministry may grant a “consent” to a farmer to supply customers with non-designated milk; the customers are named on the consent form and permission to supply is for a limited period, usually one year. (See also Table 100).

Milk from an Attested herd which is not licensed for the production of Tuberculin Tested milk cannot be sold by retail in a Specified Area, unless it is either pasteurised or sterilised, or a consent has been granted by the Minister.

Cream is exempt from these requirements and may be sold within a Specified Area either as Pasteurised or Sterilised Cream, or without heat treatment even if it is produced by attested cattle not forming part of a T.T. herd.

Samples are obtained regularly from the various retailers who trade in the districts affected by the Orders and particulars of those taken by Sampling Officers of the County Health Department during 1962 are given in the table following :

Table 102 : Sampling in Specified Areas

Grade	Samples Tested	Phosphatase Test		Methylene Blue Test			Turbidity Test	
		Passed	Failed	Passed	Failed	Void*	Passed	Failed
Pasteurised	457	457	—	431	15	11	—	—
T.T. Pasteurised	597	596	1	567	15	15	—	—
T.T. Channel Islands Pasteurised ..	265	264	1	249	11	5	—	—
T.T. Channel Islands Farm Bottled ..	112	—	—	103	6	3	—	—
T.T. Channel Islands	6	—	—	5	1	—	—	—
T.T. Farm Bottled	54	—	—	48	5	1	—	—
T.T.	67	—	—	58	7	2	—	—
Sterilised	401	—	—	—	—	—	401	—
TOTAL for 1962 ..	1,959	1,317	2**	1,461	60	37	401	—
TOTAL for 1961 ..	1,562	994	2	1,133	70	52	307	—
TOTAL for 1960 ..	1,992	1,153	—	1,404	78	164	346	—

*This test is declared void when the atmospheric shade temperature at which the sample is stored in the Laboratory before testing exceeds 65°F.
**The two samples which failed the phosphatase test were from milk processed by dairies outside the County.

In the case of those retailers whose milk failed the prescribed test, the facts were reported to the appropriate licensing authority.

SANITARY CIRCUMSTANCES OF THE COUNTY

The Medical Officer of Health of a County is required to inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the County, and be prepared to advise the County Council on any such matter; for this purpose he shall visit the several county districts as occasion may require, giving to the Medical Officer of Health of each county district prior notice of his visit so far as this may be practicable.

He shall in each year make an Annual Report to the County Council on the sanitary circumstances and sanitary administration of the County.

The Public Health and Housing Committee of the County Council in December, 1943, decided that fuller information regarding the sanitary circumstances in the various county districts, and in the county as a whole, should be made available to them; the Health Committee of the County Council reiterated on two occasions in 1962 their wish that this should continue.

Housing.—The information supplied by District Medical Officers of Health relating to housing is summarised in Table IX on page 113.

Only when the omissions from this and other tables which follow are filled and the facts known, can a logical programme be planned and carried out for the improvement of houses and other sanitary facilities which come within the jurisdiction of a local housing authority.

The Ministry of Housing and Local Government issued during the year, to Housing Authorities, their Circular 42/62 on Improvement of Houses. This Circular said that the Minister wants to see—and is sure that most local authorities want to see—a very big increase in the number of houses being improved and he believes that this can be achieved if authorities will make a determined and sustained effort to bring it about.

The Minister is convinced that for a real impact local authorities must be prepared to make a systematic approach to the problem. This means tackling it street by street or area by area; and it entails—especially at the outset—a great deal of work, but once the idea of improvement takes hold it will spread. The more progressive authorities in the County have already started on improvements in the way suggested by the Minister, with encouraging results.

Every local authority with houses worth improving was asked in the Circular to think how they could get better progress and to inform the Ministry, by the end of the year, what action they proposed to take. Local authorities are being pressed for this information and their representatives and officers should be vigorous in making the information available and progressing on the lines recommended by the Ministry.

In Table IX, the number of houses demolished included in clearance areas is shown as 151 and other individually unfit houses demolished are shown as 238, giving a total of 389 or 0.41 % of an estimated total of 94,615 occupied houses in the County. This means that approximately one in every 242 houses has been demolished during the year. In addition, 193 houses have been closed. Of the total number of houses demolished in clearance areas and as being individually unfit during the year, there were 105 from 4 of the 6 Boroughs, 149 from 7 of the 9 Urban Districts and a total of 136 from 9 of the 10 Rural Districts.

The figure of 193 for houses closed, although 12 less than in 1961, is still exceedingly high especially in relation to the number of houses demolished, and it is considered that the number of houses scheduled for closure by local authorities ought to be greatly reduced.

This will only be possible by housing programmes being carried out in full; that is, by simultaneously demolishing unfit properties and improving those properties which are capable of being rendered fit at reasonable expense.

Far better, as the Minister has said in the Circular quoted above, to try to deal with an area or group of houses systematically and as part of a programmed plan, than to leave individual unfit houses closed for long periods, when they have a very deleterious effect on neighbouring properties.

The total of 960 houses (350 in 1961) which have been improved with standard or improvement grants is encouraging. As the Minister has emphasized, if authorities will themselves programme and plan their housing needs they can deal sympathetically and promptly with all legitimate requests from owners for improvement grants; they can require that houses which can be rendered fit at a reasonable cost be brought up to a proper standard (encouraging the owners with improvement grants, if appropriate); and they can require the demolition of properties which are unfit, and cannot be made fit, for human habitation.

That 8,690 houses (or nearly one in every 11) are listed as being unfit for human habitation shows the formidable problem with which local housing authorities in Shropshire are confronted.

Progress is being made by some, with the determined and sustained effort asked for by the Minister, but all should ascertain systematically what is needed in their own area and initiate and pursue relentlessly logical plans to alleviate the appalling housing and insanitary conditions still too easily demonstrated.

Housing Acts, 1936 to 1961.—Contributions paid to District Councils.—Under the provisions of these Acts, the County Council are required to make annual contributions to District Councils in respect of houses provided as accommodation for members of the agricultural population and also in respect of other houses provided by a District Council where the rents are substantially lower than the average and the provision of such accommodation is likely to place an undue financial burden upon the District. The contributions vary from £1 per annum for each house for 40 years to £2 10s. 0d. per annum for each house for 60 years and the following are the particulars of County Council contributions made up to the end of 1962 :

Table 103 : Grants paid by the County Council up to 31st December, 1962, under the Housing Acts, 1936 –61

District	Houses eligible for grants	Grants	
		Paid in 1962	Total
		£	£
Atcham Rural	163	243	3,516
Bridgnorth Rural	78	149	1,776
Clun Rural	107	161	2,493
Dawley Urban	465	1,024	9,214
Drayton Rural	83	215	1,869
Ellesmere Rural	135	190	3,057
Ludlow Rural	44	78	1,002
Oswestry Rural	52	73	1,231
Shifnal Rural	20	30	438
Wellington Rural	82	112	1,969
Wem Rural	49	85	966
Wenlock Borough	16	27	359
TOTAL	1,294	2,387	27,890

Water Supply.—Table 104 below summarizes the information supplied by the District Medical Officer of Health relative to water supplies in their area.

Table 104 : Water Supplies—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Permanent and Temporary)	WATER SUPPLIES				Other Supplies (Wells, Streams, Pumps, etc.)
		Public Mains		Private Mains		
		Piped	Stand Pipe Supplies	Piped	Stand Pipe Supplies	
Dr. Higgie						
Ellesmere Urban	769	769	—	—	—	—
Ellesmere Rural	2,127	†	†	†	†	†
Wem Rural	906	878	18	—	—	10
Wem Rural	3,323	514	39	625	89	2,056
Whitchurch Urban	2,375	2,268	†	—	—	†
Dr. Moore						
Oswestry Borough	3,970	3,951	2	13		4
Oswestry Rural	5,362	4,187	25	†	†	572
Dr. Capper						
Ludlow Borough	2,271	2,138	132	—	—	1
Dr. Hall						
Atcham Rural	7,205	3,758	420	332	30	2,665
Bishop's Castle Borough	434	422		6	3	3
Church Stretton Urban	1,003	954	—	1	—	48
Clun Rural	3,110	1,351	10	341	—	1,408
Ludlow Rural	4,343	2,140	533	200*		1,470*
Dr. Turnbull						
Bridgnorth Borough	2,717	2,708	6	3	—	—
Bridgnorth Rural	4,336	2,195	6	†	†	†
Wenlock Borough	4,642	†	†	†	†	†
Vacant						
Dawley Urban	3,290	2,918	361	—	—	11
Drayton Rural	2,530	1,339	113	244		834
Market Drayton Urban	2,076	—	—	2,035	33	8
Newport Urban	1,585	1,546	38	—	—	1
Oakengates Urban	4,250	4,228	22	—	—	—
Shifnal Rural	3,777	3,078	9	268	—	422
Wellington Urban	4,685	4,666	19	—	—	—
Wellington Rural	8,030	6,672	120	184	—	1,054
Dr. Mackenzie						
Shrewsbury Borough	15,499	15,475	—	—	—	24

*Approximate or estimated figures. †Figures not available or not known.

Housing authorities should know these details, and a few more than previously have been supplied by authorities for the year 1962. Progress continues to be made throughout the County in the provision of water supplies in both urban and rural areas.

Local authorities should insist that where public water supplies have been made available, the owners of properties should provide a sufficient, satisfactory, pure and wholesome supply in accordance with the Public Health Act.

Standpipe figures still remain high and no effort should be spared by the local authorities to have water taken inside houses, unless the houses are scheduled for early action as being unfit for human habitation.

Sewage Disposal.—Particulars of the Sewage Disposal facilities available in the various sanitary districts are summarized in Table 105 below.

Table 105 : Sewerage—Summary of Answers to Questionnaires

Medical Officer and District	Houses in District (Perm. and Temp.)	SEWAGE DISPOSAL						Collection of night soil by local authority	
		Connected to disposal works owned by local authority	Connected to satisfactory private disposal or treatment plants	Without satisfactory means of sewerage	Houses using chemical, pail, earth or privy closets		Houses	Frequency	
					With proper means of disposal	Without proper means of disposal			
Dr. Higgie									
Ellesmere Urban ..	769	707	62	—	—	—	—	—	—
Ellesmere Rural ..	2,127	265	†	†	†	†	—	—	—
Wem Urban ..	906	870	30	6	15	—	4	Weekly	—
Wem Rural ..	3,323	453	†	†	†	†	—	—	—
Whitchurch Urban ..	2,375	751	†	†	—	—	—	—	—
Dr. Moore									
Oswestry Borough ..	3,970	3,915	44	11	—	—	—	—	—
Oswestry Rural ..	5,362	2,360	1,793	1,209	†	†	—	—	—
Dr. Capper									
Ludlow Borough ..	2,271	2,213	36	22	22	—	—	—	—
Dr. Hall									
Atcham Rural ..	7,205	2,338	4,867		†	†	—	—	—
Bishop's Castle Borough	434	388	40	6	24	—	—	—	—
Church Stretton Urban	1,003	779	†	†	†	†	—	—	—
Clun Rural ..	3,110	†	†	†	†	†	—	—	—
Ludlow Rural ..	4,343	750	709	†	†	†	—	—	—
Dr. Turnbull									
Bridgnorth Borough ..	2,717	2,655	51	11	—	—	—	—	—
Bridgnorth Rural ..	4,336	1,104	†	†	†	†	—	—	—
Wenlock Borough ..	4,642	†	†	†	†	†	—	—	—
Vacant									
Dawley Urban ..	3,290	2,513	264	513	513	—	513	Weekly	—
Drayton Rural ..	2,530	594	1,002	934	934	—	—	—	—
Market Drayton Urban	2,076	1,988	54	34	34	—	—	—	—
Newport Urban ..	1,585	1,573	4	8	—	8	—	—	—
Oakengates Urban ..	4,250	4,067	8	175	175	—	175	Weekly	—
Shifnal Rural ..	3,777	2,516	†	†	†	†	—	—	—
Wellington Urban ..	4,685	4,673	6	6	4	2	3	Weekly	—
Wellington Rural ..	8,030	5,873	†	†	†	†	118	Fortnightly	—
Dr. Mackenzie									
Shrewsbury Borough ..	15,499	15,165	235	99	99	—	—	—	—

†Figures not available or not known.

Knowledge of what obtains in their area seems a necessary preliminary to seeking improvements; and the “not known” figures suggest something wrong. There must clearly be great need for sewerage and sewage disposal schemes in the rural districts of the County; reference to schemes submitted by local authorities and approved in principle by the County Council (page 89) is relevant provided real efforts to pursue the matter are continuing. While financial considerations often present difficulties, sewerage and sewage disposal facilities are needed for villages as water supplies become available. The returns show that about one-third of the houses in the County are without satisfactory means of sewerage or sewage disposal and are using chemical, pail, earth or privy closets, the majority of these properties being in rural districts.

Refuse Collection and Disposal.—Table 106 below summarizes the position with regard to refuse collection and disposal during 1962.

Table 106 : Refuse Collection and Disposal

District	Parishes or wards where refuse is		Frequency of Collection	Method of Collection	Method of Disposal
	Collected	Not Collected			
Atcham R. ..	All	—	Fortnightly	Council	Controlled
Bishop's Castle B. ..	All	—	Weekly and fortnightly	Council	Crude—into quarry
Bridgnorth B. ..	All	—	Weekly	Council	Controlled
Bridgnorth R. ..	All	—	Weekly and fortnightly	Council	Semi-controlled
Church Stretton U. ..	All	—	Weekly	Council	Semi-controlled
Clun R.	All	—	Weekly, fortnightly, monthly	Council	Semi-controlled
Dawley U.	All	—	Weekly	Council	Controlled
Drayton R.	All	—	20 days	Council	Controlled
Ellesmere U.	All	—	Fortnightly	Contract	Semi-controlled
Ellesmere R.	All	—	Fortnightly	Council	Semi-controlled
Ludlow B.	All	—	Weekly and twice weekly	Council	Controlled
Ludlow R.	All	—	Weekly and fortnightly	Council	Semi-controlled
Market Drayton U. ..	All	—	Weekly	Council	Controlled
Newport U.	All	—	Weekly	Council	Semi-controlled
Oakengates U.	All	—	Weekly	Council	Controlled
Oswestry B.	All	—	Weekly	Council	Controlled
Oswestry R.	12	1	Weekly and fortnightly	Council	Controlled
Shifnal R.	All	—	8—10 days	Council	Controlled
Shrewsbury B.	All	—	Weekly	Council	Controlled
Wellington U.	All	—	Weekly	Council	Controlled
Wellington R.	All	—	Weekly and fortnightly	Council	Controlled
Wem U.	All	—	Weekly	Council	Uncontrolled
Wem R.	All	—	Fortnightly	Contract	Uncontrolled
Wenlock B.	All	—	Weekly and fortnightly	Council	Controlled
Whitchurch U.	All	—	Weekly	Council	Controlled

Authorities have improved and are continuing to improve their refuse collection services. Striking to one travelling about the County are the numbers of 'make-do' and insanitary receptacles used for the storage of refuse especially in the more rural areas. Authorities might well insist that proper refuse storage bins are provided by occupiers or owners of properties. The dangers to health as a result of household refuse being left exposed to flies and vermin are well-known.

A number of authorities are practising controlled tipping and this should be the system adopted by all local authorities. The tipping should be in accordance with the principles laid down and include the depositing of refuse in layers, each covered with at least nine inches of earth or other suitable material within twenty-four hours of the time of deposit.

WATER SUPPLIES

Local Government Act, 1958.—Table 107 on page 81 gives particulars of the grants which have been *paid or promised* by the County Council under Section 56 of the Local Government Act, 1958.

It will be noted that, up to the end of 1962, the actual or estimated cost of these schemes amounted to £146,014, and that the grants promised by the County Council amounted to a possible total of £48,123.

In July, 1953, the County Council adopted a report which recommended that only in very exceptionally circumstances would there be need for County Council aid towards the cost of urban water supply schemes.

The following table gives particulars of the only urban water supply scheme submitted for grant purposes by District Councils up to the end of 1962, and which the County Council had approved in principle for grant purposes, subject to the submission of final details.

District	Description of Scheme	Estimated Cost
Newport Urban	For the augmentation of existing water supply and reservoir facilities	£29,400

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—Under these Acts, a sum of £75,000,000 has been placed at the disposal of the Minister of Housing and Local Government to assist Local Authorities in the provision or improvement of water supplies and sewage disposal facilities in rural areas.

Where the Minister undertakes to make contributions under these Acts towards the cost of schemes of Local Authorities, the County Council, by Section 2 of the Act of 1944, are also required to contribute.

Particulars of grants in respect of water supply schemes, which were *paid or promised* by the County Council under these Acts up to the end of 1962 are given in the table on page 82.

NOTE: Particulars of water supply schemes in respect of which applications for grants were received from District Councils up to the end of 1962, and which the County Council have approved in principle for grant purposes, subject to the submission of final details, are given in the tables on pages 83 to 86.

Table 107 : Local Government Act, 1958

Water Supply Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Scope of Scheme		Estimated Cost	Ministry Grant	Loan		Annual Charges		County Council Grant		
			Houses	Inhabitants			Authorised	Period (Years)	Loan	Main- tenance	Basis	Maximum	Paid to 31 Dec. 62
Atcham Rural	Pimhill	4/5/35	288	1,152	£ 16,300	£ 2,500	£ {14,820 1,480 57,297}	30 } 15 }	£ 858	£ 698	50% annual deficit	£ 6,675	£ 4,803
	West Atcham	2/5/36	1,876	7,596	75,100	15,000	57,297	30	4,285	700	"	24,000	17,700
Bridgnorth Rural	Stottesdon	6/11/37	28	100	2,660	250 }	3,100	30	{153 48	50	Block Grant	250	250
	Kinlet	6/11/37	27	100	1,350	150 }	—	—	—	30	"	150	150
Clun Rural	Bucknell	27/7/35	72	280	2,915	200	—	25	169	20	50% annual deficit	885	99
	Worthen and Brockton	1/5/37	88	350	4,500	400	5,100	30	225	—	"	1,245	761
Drayton Rural	Kempton	1/2/36	31	110	2,200	250	1,650	30	—	—	Block Grant	300	300
	Woore	3/11/34	137	524	4,080	—	{3,655 425 }	30 } 25 }	189	378	50% annual deficit	885	465
	Hodnet	4/5/35	118	400	3,887 (Actual)	450	—	—	—	—	Block Grant	900	900
	Ightfield	7/11/36	119	468	6,550	75	6,475	30	—	—	50% annual deficit	3,179	1,015
	Norton-in-Hales	24/7/37	67	200	1,970	—	1,505	30	106	127	"	1,656	541
	Clee Hill	6/11/37	511	1,930	5,516	—	5,516	30	317	108	33% annual deficit	1,837	1,469
Ludlow Rural	Weston Rhyn	2/2/35	—	—	900	150	750	30	58	—	Block Grant	150	150
Oswestry Rural	Llanymynech	2/11/35	93	372	8,500	1,850	—	—	—	—	"	1,850	1,850
	Nantmawr	7/11/36	27	108	1,268	—	1,160	30	68	5	50% annual deficit	639	314
	Gronwen	7/11/36	10	40	437	—	373	30	23	2	"	225	51
	Llynclys	7/11/36	24	96	783	—	746	30	14	5	"	415	153
	Selattyn (Extension)	7/11/36	1,186	4,744	1,748	—	1,748	30	92	277	"	2,032	1,287
	Edgmond	2/11/35	200	800	5,350	850	—	—	—	—	Block Grant	850	850
Wellington Rural					£146,014							£48,123	£33,108

Table 108: Rural Water Supplies and Sewerage Acts, 1944 to 1955
Water Supply Schemes—Grants paid or promised by the County Council

Authority	Scheme	Approved	Estimated Capital Cost	Exchequer Grant			County Council Grant		
				Lump Sum	Half-Yearly Payments	Period (Years)	Annual Maximum	Period Payable (Years)	Paid to 31st Dec., 1962
Atcham Rural	Alberbury Borehole	July, 61	£ 17,435	£ 2,000	£ —	—	£ 148	30	£ 248
	Condover	Sept., 60	122,903	—	785	30	1,570	30	1,250
	Cound Moor—Extension	Nov., 61	5,051	1,532	—	—	77	30	—
	Eaton Constantine—Extension	Nov., 61	12,278	—	137	30	220	30	—
	Picklescott	April, 61	12,067	2,000	—	—	148	30	100
	Pontesford Hill	April, 61	8,565	1,500	—	—	111	30	100
	West Atcham and Pimhill (Extension)	May, 47	138,402	58,000	—	—	2,285	30	32,474
	West Atcham (Extension)	Nov., 56	22,500	—	200	30	400	30	2,754
	Uckington	Nov., 59	75,300	—	500	30	1,000	30	750
	Broughton	May, 53	1,844	600	—	—	62	12	722
Bridgnorth Rural	Claverley	May, 47	14,040	1,500	—	—	187	12	2,250
	Low Level Areas	Mar., 54	353,000	70,000	2,014	30	8,054	30	51,113
	Low Level Areas (Branch Mains)	Nov., 59	41,600	—	340	30	680	30	—
	Long Common	Mar., 54	1,850	300	—	—	20	12	174
	Worfield	May, 53	13,650	2,500	—	—	261	12	4,278
	Church Stretton and All Stretton Wards	July, 61	23,200	—	90*	30	180	30	180
	Chirbury, Marton and Bent Lont	Nov., 62	136,871	—	930	30	1,860	30	560
	Clungunford and Aston-on-Clun	Nov., 54	21,168	4,000	—	—	205	30	2,665
	Snailbeach	Feb., 59	29,600	—	170	30	340	30	300
	Hodnet, Ightfield and Moreton Say	Nov., 54	38,320	4,750	137	30	530	30	3,374
Drayton Rural	Marchamley and Wollerton Wood	July, 61	10,287	4,200†	—	—	—	—	—
	Wollerton and Lostford Extensions	July, 61	8,328	1,350	—	—	100	30	—
	Aston	Mar., 52	3,700	800	—	—	46	30	—
	Kinnersley	Sept., 52	3,621	2,000	—	—	84	30	—
	Longdon-on-Tern	Dec., 56	7,170	1,250	—	—	88	30	—
	Tibberton	Nov., 54	12,530	—	144	30	193	30	—
	Myddle	May, 62	60,820	—	470	30	940	30	—
	Welshampton	May, 62	19,850	—	175	30	350	30	—
	Clee Hill (Hill Top)	Dec., 50	2,270	1,200	—	—	48	20	527
	Coreley	Sept., 50	4,260	650	—	—	38	30	643
East Shropshire Water Board	Craven Arms	Sept., 50	6,480	600	—	—	50	30	839
	Little Isle and Studley	Sept., 50	2,641	550	—	—	28	30	432
	Little Stretton and Marshbrook	Mar., 51	4,780	1,900	—	—	112	30	1,017
	Rushbury	April, 55	14,238	—	—	—	258	30	2,102
	South-East Parishes	Nov., 59	134,868	—	130	30	1,760	30	3,040
	Ticklerton	April, 55	4,209	700	—	—	40	30	467
	Western Area, Munslow Section	Sept., 59	16,360	—	100	30	200	30	800
	Western Area—Stage I	Nov., 61	290,100	—	1,850	30	3,700	30	2,846
	Branch Mains	April, 61	12,800	2,000	—	—	148	30	—
	Comprehensive Scheme (Priority Portion)	Nov., 54	157,776	36,000	850	30	2,850	30	19,191
Oswestry Rural	Llanyblodwel and Crickheath	Sept., 59	23,800	—	170	30	340	30	680
	Mardy Reservoir	Nov., 60	32,350	—	230	30	460	30	460
	Ruyton-xi-Towns	Sept., 59	127,460	—	485	30	970	30	1,940
	South-East Area—Stage II	Nov., 61	172,700	—	750	30	1,500	30	—
	Hadnall	Nov., 61	10,500	—	118	30	236	30	—
			£2,233,542						£138,276
Wem Rural									

*The Ministry grant is in respect of the All Stretton Ward only. †Ministry of Agriculture, Fisheries and Food grant.

Table 110 : Rural Water Supplies and Sewerage Acts, 1944 to 1955

Water Supply Schemes submitted up to the end of 1962, and approved in principle for grant purposes

Authority	Scheme	Estimated Cost	Description of Scheme
		£	
Atcham R. . .	Alberbury (Low Level)	31,418	For the augmenting of water supplies in the Parishes of Bicton and Ford.
	East Atcham Water Scheme—Extensions	11,000	For extensions from Stapleton to Dorrington and Ryton
	East Atcham—Charlton Hill . .	59,600	For construction of a reservoir and laying mains in the parishes of Atcham, Wroxeter and Leighton.
	East Atcham Water Scheme—Venus Bank Extension	900	For the extension of the existing main from Coundarbour to Venus Bank.
	Pimhill Extensions and Reservoir (Revised Scheme)	183,447	For extending the existing supply system to serve the Parishes of Astley and Uffington and a portion of Hadnall Parish in Wem Rural District.
	Sheinton	6,000	For the extension of existing main from Cressage to village of Sheinton.
	West Atcham	4,664	For the improvement of existing supplies to Drury Lane and Plox Green.
	The following scheme will eventually form part of a comprehensive scheme known as the East and South-East Atcham Scheme which is estimated to cost £151,000.		
	Buildwas	2,740	For the extension of the Harrington Water mains from Buildwas Power Station to Buildwas.
Bridgnorth R. . .	Farmcote and Gatacre Extensions	15,000	For extending a piped water supply to Farmcote and Gatacre.
	Low Level	5,300	For the provision of a piped water supply to Dye Lane and Low Lane areas of Alveley Parish.
	Astley Abbots	7,600	For the extension of existing water supplies to the village of Astley Abbots.
Bridgnorth R. with Ludlow R.	Joint High Level Scheme (Revised estimate)	493,000	For providing a piped water supply to the high level areas in the West of Bridgnorth Rural District and the east of Ludlow Rural District.
Clun R.	Aston Rogers	4,000	For the extension of existing water supplies from Aston Piggott to Aston Rogers.
	Newcastle, Whitcott Keysett and Mardu.	32,625	For providing a piped water supply to the villages of Newcastle, Whitcott Keysett and Mardu.
	South-East Area and Beambridge	51,300	For the provision of an improved water supply to Hopton Castle, Hopton Heath, Twitchen, Clunbury, Little Brampton and Purslow.
	The following scheme will eventually form part of a comprehensive scheme known as the Clun Rural District Scheme, which is estimated to cost £162,000.		
	Lydham, More and Norbury	23,500	For the provision of piped supplies to the villages of Lydham, More and Norbury from local sources.
Drayton R.	The following schemes will eventually form part of the comprehensive scheme for the whole of the Drayton Rural District originally estimated to cost £185,000.		
	Carried forward . .	932,094	

(Continued on page 84)

(Continuation of Table on page 83)

Authority	Scheme	Estimated Cost	Description of Scheme
Drayton R. (continued)	Brought forward ..	£ 932,094	
	Adderley and Moreton Say	37,070	For the provision of a piped water supply in the parish of Adderley and part of the parish of Moreton Say.
	South-Eastern Parishes ..	136,100	For the provision of piped water supplies to the South-Eastern parishes of the Rural District.
	Stoke Park and Langley Dale	2,840	For the extension of an existing main to Stoke Park and Langley Dale.
	Wistanswick	13,000	For the provision of a piped water supply for the village of Wistanswick and a few properties in neighbouring parish.
East Shropshire Water Board	Allscott and Walcot	13,500	For providing a piped water supply to the villages of Allscott and Walcot.
	Arleston	1,130	For the extension to Arleston House of an existing water supply at Arleston Hill.
	Cherrington	1,880	For providing a piped water supply to two farms and farmhouses and ten houses in the parish of Cherrington.
	Chetwynd	15,620	For the extension of piped water supplies for the parish of Chetwynd.
	Chetwynd Parish	5,190	For providing a piped water supply for the hamlets of Pickstock, Puleston, Lane End and Ovens Bottom.
	Crudgington and Waters Upton	20,500	For the provision of a piped water supply to Crudgington, Crudgington Green and Stych Lane.
	Crudgington and Waters Upton— Shray Hill extension	3,400	For providing a piped water supply to the Shray Hill area by an extension from Crudgington and Waters Upton main.
	Donnington	3,500	To increase the pressure in the mains on the Donnington Housing Estate.
	Farley	1,700	For providing a piped water supply to the hamlet of Farley.
	Gorsey Bank	6,125	For the extension of an existing water supply at Sheriffhales to the hamlets of Gorsey Bank and Cross Roads.
	High Ercall	4,533	For providing a piped water supply in the village of High Ercall.
	Homer and Wig-Wig	4,500	For the extension of the existing water mains in Much Wenlock to the hamlets of Homer and Wig-Wig.
	Horton, Preston and Eyton ..	8,650	For extending existing water mains to the villages of Horton, Preston and Eyton.
	Hortonwood	2,590	For the extension of a proposed water main in Horton through Hortonwood to Trench Railway Crossing.
	Little Wenlock	10,965	For the improvement and extension of a piped water supply in the village of Little Wenlock.
	Long Lane and Bratton	6,820	For the extension of the Wellington Urban District's mains to the hamlets of Long Lane and Bratton.
	Much Wenlock	3,680	For augmenting the existing water supply at Much Wenlock.
	Madeley (Beech Road)	1,990	For the extension of an existing piped water supply at Madeley to the Beech Road housing sites.
	Oakengates	35,325	For the improvement of the existing water supply in the Urban District.
	Carried forward ..	1,272,702	

(Continued on page 85)

Authority	Scheme	Estimated Cost	Description of Scheme
East Shropshire Water Board (continued)	Brought forward ..	£ 1,272,702	
	Pitchcroft	850	For the provision of a piped water supply to the hamlet of Pitchcroft.
	Rodington	12,060	For the extension of the existing mains in High Ercall to Rodington.
	Sheriffhales	20,000	For an additional borehole at Sheriffhales and a connection with the Oakengates supply system.
	Sutton Maddock	1,810	For the extension to Sutton Maddock of an existing supply at Lay's Corner.
	Tong Havannah	4,025	For extending the Shifnal water mains to Tong Havannah.
	Wellington Rural Parish and Dawley	(i)13,750	For connecting the Shifnal Rural District's water mains to augment the supply to the Wellington Rural Parish and Dawley.
		(ii)13,030	For improving the existing supply in the Lawley Cross Roads and Overdale Estate areas of the Wellington Rural Parish and the Dawley Bank, Heath Hill, Station Road and Horsehay areas of the Dawley Urban District.
Ellesmere R.	Woodfield	16,800	For the provision of a new rising main between Woodfield pumping station and Admaston.
	The following schemes form part of a comprehensive scheme for the whole of the Ellesmere Rural District, originally estimated to cost £357,600.		
	Southern Area	99,300	For the provision of a piped supply to the Parishes of Petton, Baschurch, Great Ness and Little Ness.
	Pentre, Platt Bridge and New Marton	3,586	For the provision of a piped water supply to the Pentre, Platt Bridge and New Marton areas.
	Welshampton extensions ..	12,950	For the provision of a piped supply to properties in the Welshampton area at some distance from the mains.
Ludlow R.	Cleobury Mortimer	855	For the extension of water mains at Catherton Road and Pinkham.
	Hopton Wafers	3,670	For supplying the village of Hopton Wafers with piped water from the Elan Aqueduct.
	Silvington and other parishes (distribution mains)	57,750	For tapping the trunk mains which will run through the Parishes of Silvington, Loughton, Wheathill and Hopton Wafers upon construction of the Bridgnorth and Ludlow Joint High Level Scheme.
	South-Eastern Parishes—Whatmore extensions	4,104	For extending water main from Coreley Bridge to Whatmore Hill.
	Western Area	476,000	For the provision of a piped water supply to a substantial part of the Ludlow Rural District.
	Western Area (Soudley Section)	65,500	For the provision of a piped water supply to the parishes of Acton Scott, Eaton-under-Heywood, Hope Bowdler, Little Stretton, Rushbury and Wistanstow (part).
Oswestry R.	The following schemes will form part of the remaining portion of a comprehensive scheme for the whole of the Oswestry Rural District, originally estimated to cost £510,000.		
	Carried forward ..	2,078,742	

(Continuation of Table on page 85)

Authority	Scheme	Estimated Cost	Description of Scheme
Oswestry R. (continued)	Brought forward ..	£ 2,078,742	
	South-Western Area ..	196,000	For providing a piped water supply to the south-western area of the district.
	Trefonen	3,080	For providing the village of Trefonen with a piped water supply.
	Mains extensions	5,870	For providing a piped water supply to various properties in parishes of Oswestry Rural District.
Wem R.	Wem Rural District	294,000	For the provision of piped water supplies throughout the whole of the Rural District.
	Burlton	6,300	For providing a piped water supply to the village of Burlton.
	Loppington	10,000	For the provision of a piped supply to the village of Loppington.
	Shawbury extension	11,000	For extending the water supply scheme in Shawbury village to Edgebolton and Moreton Mill.
	Weston & Wixhill-under-Redcastle	1,580	For laying a length of water main to connect the supply from a borehole to estate mains in Guinea Lane and Weston Heath area.
Whitchurch U. ..	Whitchurch Urban District ..	66,350	For the provision of a new source of supply to replace the existing one in the Urban District.
	TOTAL	2,672,922	

SEWERAGE AND SEWAGE DISPOSAL

Local Government Act, 1958.—Under Section 56 of the Local Government Act, 1958, the County Council may make contributions towards urban sewerage and sewage disposal schemes. The Council adopted a report, however, in July, 1959, which recommended that in consequence of the introduction by the Government of the rate deficiency grant, no contribution be made to Borough or Urban District Councils in respect of such schemes, except those towards which the County Council were already contributing or schemes submitted for approval before 1st April, 1959, providing they were commenced before 31st March, 1962.

Particulars of grants which have already been *paid or promised* by the County Council to District Councils are given in the table on page 88.

Rural Water Supplies and Sewerage Acts, 1944 to 1955.—By the end of 1962, grants under these Acts had been *paid or promised* by the County Council in respect of twenty-two sewage disposal schemes, particulars of which are contained in the following table :

Table 109 : Rural Water Supplies and Sewerage Acts, 1944—1955
Sewerage Schemes—Grants paid or promised by the County Council

Rural District	Scheme	Approved	Estimated Capital Cost	Exchequer Contribution			County Council Grant			
				Lump Sum	Half-yearly Payment	Period (years)	Annual Maximum	Period (years)	Total Maximum	Paid to 31st Dec., 1962
			£	£	£		£		£	£
Atcham ..	Bayston Hill I & II ..	May, 56	17,781	3,000	—	—	437	30	11,158	3,036
	Bayston Hill III ..	Nov. 61	44,905	—	325	30	650	30	19,500	450
	Bomere Heath ..	Nov. 62	32,479	—	213	30	426	30	12,780	—
	Cross Houses ..	Nov. 50	17,590	8,750	—	—	393	30	11,790	4,493
	Pontesbury ..	Nov. 61	26,867	—	190	30	380	30	11,400	—
Bridgnorth	Claverley ..	Nov. 56	42,300	—	480	30	1,238	30	30,294	5,191
	Eardington ..	Sept. 58	12,900	—	165	30	416	30	10,158	1,248
	Highley Stage I ..	Nov. 56	34,200	—	383	30	986	30	24,162	5,338
	Worfield ..	Sept. 60	3,830	1,000	—	—	1,000	Lump sum	1,000	—
Drayton ..	Hodnet ..	Nov. 49	14,220	2,400	—	—	122	30	3,660	1,463
Ludlow ..	Ashford Carbonel ..	Sept. 57	20,650	—	175	30	462	30	10,246	2,186
	Clee Hill ..	Sept. 58	28,000	—	480	30	1,013	30	24,639	2,698
	Clee Hill (Extension) ..	Nov. 59	5,000	1,000	—	—	70	30	2,100	—
	Clee Hill (Craven Arms Inn Extension) ..	Nov. 61	1,520	250	—	—	250	—	250	—
							Lump sum			
	Cleobury Mortimer ..	Dec. 49	32,000	14,000	—	—	288	30	8,640	3,234
Oswestry ..	Morda ..	Nov. 54	16,763	3,500	—	—	200	30	6,080	1,480
	Pant and Llanymynech ..	Sept. 60	73,395	—	475	30	950	30	28,500	—
	Weston Rhyn and Chirk (Revised) ..	Sept. 59	67,130	—	880	30	880	30	26,400	1,760
Wellington	Edgmond ..	April 52	62,700	—	684	30	1,170	30	34,539	5,289
	High Ercall ..	Nov. 54	10,623	6,500	—	—	285	30	8,335	1,780
Wem ..	Burlton ..	May 62	6,700	—	83	30	166	30	4,980	—
	Shawbury Extension ..	May 62	11,080	—	128	30	256	30	7,680	—
			£582,633				£12,056		£298,291	£39,646

Particulars of sewage disposal schemes submitted by District Councils for grant purposes under these Acts up to the end of 1962, and which the County Council have approved in principle, subject to the submission of final details, are given in the table on pages 89—90, from which it will be observed that the capital cost of these schemes amounted to a total of £1,456,459.

Table 111 : Local Government Act, 1958

Sewerage Schemes—Grants paid or promised by the County Council

District	Scheme	Approved by C.C.	Estimated Cost	County Council Grant		
				Basis	Amount promised	Paid
Bishop's Castle B.	Bishop's Castle ..	Nov., 56	£ 14,650	10 % of cost	£ 1,465	£ 1,000
Bridgnorth M.B. ..	Bridgnorth	July, 48	90,000	20 % of original cost of £62,000	12,400	12,200
Dawley U.	Dawley	Nov., 49	76,650	30 % of cost of Phase I: 20 % of Phase II	25,905	25,688
Ludlow M.B. ..	Ludlow	Dec., 57	259,469	9 % of cost	23,352	—
Newport U. ..	Newport	Mar., 57	162,176	6 % of cost	9,730	3,000
Oakengates U. ..	Oakengates	Mar., 57	91,000	11 % of cost	10,010	7,000
Shifnal R.	Albrighton	Nov., 44	13,077	25 % of cost	3,269	3,269
Shrewsbury M.B. ..	Bicton Heath	Nov., 54	6,800	7 % of net cost of £5,800	406	406
	Harlescott	Feb., 53	2,985	—	1,000	1,000
	Shrewsbury	Dec., 57	630,975	5 % of cost	31,548	—
Wellington U. ..	Wellington (Stages 1 & 2)	Nov., 54	91,400	7 % of cost	6,400	11,602
	Wellington (Stage 3)	April, 55	81,002	7 % of cost	5,670	
	Brooklands Estate .. (Trunk Sewer)	Nov., 58	8,700	8 % of cost	696	440
	Railway Station and Herbert Avenue	Sept., 59	14,000	8 % of cost	1,120	542
Wellington R. ..	Ketley and Lawley ..	May, 36	31,975	25 % of cost	8,000	8,000
	Donnington and Muxton	Feb., 39	18,460	20 % of cost	3,692	3,692
	Donnington and Muxton (extension)	Oct., 39	*9,000	20 % of cost	1,400	1,400
	Ditto	May, 43	16,850	20 % of cost	3,370	3,370
Wem U.	Wem (1st portion) ..	April, 55	26,800	10 % of net cost of £23,500	2,350	1,819
	(2nd & 3rd portions)	Dec., 56	68,900	11 % of cost	6,480	5,500
Wenlock B. ..	Broseley	Feb., 39	8,800	15 % of cost	1,320	1,320
	Madeley (Hill Top) ..	Nov., 54	3,300	15 % of cost	500	433
Whitchurch U. ..	Whitchurch	Sept., 57	102,506	3 % of cost	3,075	—
			£1,829,505		£163,158	£91,681

*An amount of £2,000 was contributed by the War Department towards the cost of this scheme, thus reducing the capital cost to £7,000.

Table 112 : Rural Water Supplies and Sewerage Act, 1944 to 1955

Sewerage Schemes submitted by District Councils up to the end of 1962, and approved in principle for grant purposes

District	Scheme	Estimated Cost	Description of Scheme
Atcham R. ..	Longden, Annscroft and Hookagate	£ 50,545	For the provision of sewerage and sewage disposal facilities in the villages of Longden, Annscroft and Hookagate.
	Minsterley (Revised) ..	68,475	For the provision of sewerage and sewage disposal facilities for the village of Minsterley, also Asterley, Horsebridge, Plox Green, Wagbeach and Ladyoak.
with Wem R. ..	Hadnall & Battlefield (Revised joint scheme)	75,000	For the provision of sewerage and sewage disposal facilities in the Hadnall area and several properties in the Atcham Rural District.
Bridgnorth R. ..	Alveley (Revised) ..	36,100	For the provision of sewerage and sewage disposal facilities for the village of Alveley.
	Ackleton and Stableford	48,550	For the provision of sewerage and sewage disposal facilities for the villages of Ackleton and Stableford.
	Chorley	16,000	For the provision of sewerage and sewage disposal facilities for the village area at Chorley.
	Hilton	29,200	For the provision of sewerage and sewage disposal facilities for the village of Hilton.
	Morville	26,250	For the provision of sewerage and sewage disposal facilities for the village of Morville.
	Stottesdon	19,100	For the provision of sewerage and sewage disposal facilities for the village of Stottesdon.
	Woodhill	20,900	For the replacement of existing inadequate sewerage and sewage disposal facilities in Woodhill.
	Worfield Extension ..	875	For extension of existing sewer from Worfield to Davenport.
Church Stretton U.	All Stretton and Little Stretton	185,000	For sewerage facilities in All Stretton and Little Stretton, the relaying of an outfall sewer and the construction of new sewage disposal works.
Clun R.	Aston-on-Clun	15,500	For providing sewage disposal facilities in an area as yet unsewered.
	Clun Village	63,525	For the extension and improvement of existing facilities.
Drayton R. ..	Cheswardine	14,830	Adaptation and extension of existing sewerage and sewage disposal facilities.
	Woore	24,200	For the provision of sewerage and sewage disposal facilities in the parish of Woore.
Ellesmere R. ..	Cockshutt	48,184	For the provision of sewerage and sewage disposal facilities in the village of Cockshutt.
Ludlow R. ..	Craven Arms	54,800	For the replacement of existing inadequate sewage disposal works.
	Clee Hill—Spring Farm	1,810	For the extension of sewers to serve Spring Farm area.
	Munslow	5,500	For the provision of sewage disposal facilities in an area as yet unsewered.
Oswestry R. ..	Ruyton-XI-Towns ..	86,300	For the provision of sewerage and sewage disposal facilities for the village of Ruyton-XI-Towns.
Shifnal R. ..	Albrighton	35,460	For improvement of the existing sewerage system and extension of the sewage disposal works.
	Beckbury	8,320	For the provision of sewerage and sewage disposal facilities for the village of Beckbury.
	Shifnal	28,000	For the improvement of existing facilities and the construction of new sewage disposal works.
Carried forward ..		£962,424	

(Continued on page 90)

(Continuation of table on page 89)

District	Scheme	Estimated Cost	Description of Scheme
	Brought forward ..	£ 962,424	
Wellington R. ..	Chetwynd Aston ..	23,912	For the provision of a sewerage system for Chetwynd Aston.
	Hadley	90,150	For the extension and modernisation of the existing sewage disposal works.
	Ketley Extensions— Mannerley Lane and The Rock	11,100	For the provision of sewerage facilities for properties at Mannerley Lane and The Rock.
	Lilleshall	62,500	For the provision of sewerage and sewage disposal facilities for the village of Lilleshall.
	Preston and Horton ..	43,437	For the provision of sewerage and sewage disposal facilities for village of Preston and hamlet of Horton.
	Roden	9,770	For the provision of sewerage and sewage disposal facilities for the village of Roden.
	Waters Upton	33,560	For the provision of sewerage and sewage disposal facilities for the village of Waters Upton and the Sitch Lane area.
Wem R.	Ash Magna and Ash Parva ..	6,779	To provide sewerage and sewage disposal facilities for the villages of Ash Magna and Ash Parva.
	Clive, Preston Brock- hurst, Yorton and Grinshill	90,000	For the provision of sewerage and sewage disposal facilities for the villages of Clive, Preston Brockhurst, Yorton and Grinshill.
	Prees	56,500	For the provision of sewerage and sewage disposal facilities for the district of Prees.
Wenlock B. ..	Madeley (Aqueduct) ..	66,327	For the provision of sewage disposal facilities in an area as yet unsewered.
	TOTAL ..	1,456,459	

SAMPLING OF EFFLUENTS FROM SEWAGE DISPOSAL WORKS AND WATER COURSES IN THE COUNTY

Since April, 1951, the Severn River Board have undertaken the sampling of sewage effluents from sewage disposal works in the County, including trade effluents, and supply the County Medical Officer with copies of the analytical reports on all river water and sewage effluents obtained by their sampling officers as and when they become available.

The Health Committee have observed during recent years that large numbers of unsatisfactory samples of sewage effluents are being obtained from disposal works towards the cost of which the County Council are making grants. The Committee decided that future cases of sub-standard effluents should be referred to the Health (Water) Sub-Committee for consideration and that the Clerk be requested in appropriate cases to approach the district councils concerned, drawing their attention to the position and asking that action be taken to remedy matters.

The findings of the Board's Analyst upon the samples of sewage effluents in Shropshire during 1962 are summarized in the table below :

Table 113 : Sampling of Sewage Effluents

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
		1962	
Bridgnorth B. ..	Sewage Works	8th Feb.	Satisfactory.
	Sewage Works	7th May	Does not comply with Board's Section 7 Consent conditions.
Ellesmere U. ..	New Oswestry Road Sewage Works	10th Sept.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Old Oswestry Road Sewage Works	10th Sept.	Unsatisfactory. Virtually strong crude sewage.
Market Drayton U.	Sewage Works	9th Jan.	Unsatisfactory by Royal Commission recommended standards.
	Sewage Works	20th Mar.	Unsatisfactory by Royal Commission recommended standards.
Oswestry B.	Sewage Works	28th Aug.	Suspended solids unsatisfactory by Royal Commission recommended standards.
Wellington U. ..	Sewage Works	22nd Jan.	Suspended solids do not comply with Board's Section 7 Consent conditions.
	Sewage Works	30th Jan.	Does not comply with Board's Section 7 consent conditions.
	Sewage Works	13th Feb.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Sewage Works	20th Feb.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Sewage Works	13th Mar.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
Wem U.	Sewage Works	30th Aug.	Satisfactory.
	Sewage Works	31st Jan.	Does not conform to Board's Section 7 Consent conditions.
	Sewage Works	19th Mar.	Very unsatisfactory. Virtually weak average strength untreated sewage.
	Sewage Works	10th Sept.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
Wenlock B.	Broseley Wood (Fish houses) Sewage Works	31st Jan.	Very unsatisfactory. Virtually average strength crude sewage.
Atcham R.	Cross Houses Sewage Works	30th Jan.	Borderline in respect of suspended solids by Royal Commission recommended standards.

(Continued on page 92)

(Continuation of Table on page 91)

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Drayton R.	Hodnet Sewage Works	1962 9th Jan.	Unsatisfactory by Royal Commission recommended standards.
	Hodnet Sewage Works	3rd Sept.	Suspended solids unsatisfactory by Royal Commission recommended standards.
	Cheswardine Works . .	20th Feb.	Unsatisfactory. Virtually average strength untreated sewage.
	Cheswardine Works . .	13th Mar.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Cheswardine Works . .	20th Mar.	Unsatisfactory. Does not comply with Boards' Section 7 Consent conditions.
	Cheswardine Works . .	3rd Sept.	Unsatisfactory even after land treatment.
	Langley Dale Works . .	3rd Sept.	Satisfactory.
Ellesmere R.	St. Oswalds College Sewage Works	7th Feb.	Unsatisfactory by Royal Commission recommended standards.
	Walford Farm Institute Sewage Works	7th Feb.	Does not comply with Board's Section 7 Consent conditions.
	Walford Village Drain	7th Feb.	An unsatisfactory effluent, chiefly because of excess suspended solids.
	Cockshutt Village Drain	20th June	Very unsatisfactory. Virtually equivalent to weak untreated sewage.
Oswestry R.	Sewage Works	11th Jan.	Unsatisfactory in that does not comply with Board's Section 7 Consent condition for suspended solids. However B.O.D. is satisfactory and nitrification good and this is by no means an unreasonable effluent.
	West Felton Sewage Works	11th Jan.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	West Felton Sewage Works	16th Jan.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions. Some improvement over previous sample.
	West Felton Sewage Works	6th Sept.	Does not comply with Board's Section 7 Consent conditions, nevertheless a considerable improvement.
	West Felton Sewage Works	13th Sept.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	West Felton Sewage Works	20th Sept.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions. Some improvement but not sufficient.
	Maesbury Sewage Works	11th Jan.	Does not comply with Board's Section 7 Consent conditions in respect of suspended solids.
	Maesbury Sewage Works	16th Jan.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Trefonen Sewage Works	16th Jan.	Unsatisfactory in so far as this effluent does not comply with the Board's Section 7 Consent conditions for suspended solids.
Wellington R.	Roden Sewage Works . .	22nd Jan.	A well nitrified and satisfactory effluent.
	Roden Sewage Works . .	18th Sept.	Unsatisfactory. Virtually weak crude sewage.
	Lawley Sewage Works	30th Jan.	Does not conform to Royal Commission recommended standards. Nitrification reasonably good.
	Lawley Sewage Works	13th Feb.	Unsatisfactory by Royal Commission recommended standards.
	Lawley Sewage Works	20th Feb.	Effluent well nitrified and satisfactory B.O.D. The suspended matter is somewhat high however, in respect of the Royal Commission recommended standard.
	Lawley Sewage Works	13th Mar.	Considerable improvement effected by better maintenance but suspended solids too high.

(Continued on page 93)

(Continuation of Table on page 92)

District	Location of Sewage Works or Sampling Point	Date of Sampling	Observations of Analyst
Wellington R. (cont.)		1962	
	Lawley Sewage Works	20th Mar.	Suspended solids still too high.
	Lawley Sewage Works	12th July	Unsatisfactory by Royal Commission recommended standards.
	Lawley Sewage Works	5th Sept.	Unsatisfactory by Royal Commission recommended standard for suspended solids. B.O.D. satisfactory. Nitrification good.
	Edgmond Sewage Works	30th Jan.	Does not comply with Board's Section 7 Consent conditions.
	Edgmond Sewage Works	13th Feb.	Does not comply with Board's Section 7 Consent conditions.
	Edgmond Sewage Works	20th Feb.	Does not comply with Board's Section 7 Consent conditions.
	Edgmond Sewage Works	13th Mar.	Very unsatisfactory. Virtually weak untreated sewage.
	Edgmond Sewage Works	20th Mar.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Edgmond Sewage Works	5th Sept.	Unsatisfactory only in respect of suspended solids.
	Edgmond Sewage Works	18th Sept.	Unsatisfactory. Does not comply with Board's Section 7 Consent conditions.
	Tibberton Sewage Works	30th Jan.	Very unsatisfactory. Equivalent to strong untreated sewage.
	Tibberton Sewage Works	13th Feb.	Does not comply with Board's Section 7 Consent conditions. Nitrification poor.
	Tibberton Sewage Works	18th Sept.	Unsatisfactory. Does not comply with the Board's Section 7 Consent conditions.
	Admaston Sewage Works	30th Jan.	Not excessively unsatisfactory, but does not comply with Royal Commission recommended standards.
	Horton Wood Sewage Works	13th Feb.	Unsatisfactory by Royal Commission recommended standards.
	C.W.S. Roden	18th Sept.	A well nitrified and satisfactory effluent.

DEVELOPMENT OF THE HEALTH SERVICES

Concurrent with the issue by the Ministry of Health in January, 1962, of "A Hospital Plan for England and Wales" setting out long term proposals for the development of the Hospital Service over the following ten years, Local Health Authorities were asked to plan the expansion of their services over the same period.

The plan for Shropshire, which was submitted to and adopted by the County Council in July, 1962, is reproduced as an Appendix to this Report, and is to be reviewed annually to cover the decade ahead.

DEVELOPMENT OF LOCAL HEALTH SERVICES

Expansion of the Local Health Services during the ten years ending 1971—72 will arise in the following circumstances :

- (a) Normal development of present services and introduction of new services under existing legislation.
- (b) Expansion of services in relation to increasing population in accordance with known trends.
- (c) Expansion of services in anticipation of abnormal population increases, such as “overspill” development at Dawley.

(1) POPULATION

A. GENERAL

Shropshire’s present population is :

Registrar-General’s mid-year (1961) estimate	..	301,920
Census, 1961	.. .. .	297,313

The annual increase in the County’s population in the last inter-censal period (1951—61) was 0.26 per cent per year—approximately 750 persons annually.

Forward projections for England and Wales show anticipated increases over the 1960 population of 2.27 per cent by 1965 and 4.64 per cent by 1970. These rates take into account the rise in the birth rate and are approximately *twice* the rate of inter-censal increase (1951—61) for Shropshire.

“Overspill” development at Dawley with anticipated expansion to 90,000 is unlikely to have any effect until five years’ time and from 1967—68 it is estimated that the population will increase by 6,000 per year.

Taking a mean of the anticipated population increases so far referred to, it is estimated that the population in Shropshire will be as follows, and these figures have been used for the purpose of staffing increases :

		<i>Normal</i>	<i>With “overspill” development</i>
1966—67	..	307,000	—
1971—72	..	312,500	342,500

B. AGED PERSONS

Figures supplied by the Principal Regional Officer suggest the over-65 population in Shropshire in 1960 to be 36,100. Projections for England and Wales give percentage increases in the aged population over figures for 1960 as under :

By 1965	..	6.74%
By 1970	..	17.04%
By 1975	..	27.72%

For Shropshire, this gives totals of over-65s as follows :

1965	..	38,533
1970	..	42,251
1975	..	46,107

(2) STAFFING ESTABLISHMENTS

Establishments of field workers have not been reviewed by the Health Committee since 1950 and the opportunity is now taken to bring these up to date, particularly those of the various categories of nursing staff upon whom most of the additional work falling upon the Local Health Services in consequence of the “Hospital Plan” is likely to devolve.

Health Visiting areas also need review, since the establishment is far below the numbers recommended by the Health Visitor Working Party Inquiry.

Standards used for the recommended staffing additions which follow under the various headings of the Local Health Services are :

7,000 population per	Home Nurse or Midwife
3,500	„ „ District Nurse Midwife
4,300	„ „ Health Visitor

(3) HEALTH CENTRES

No provision of Health Centres has so far been contemplated in Shropshire, and while “overspill” development at Dawley might be regarded as necessitating one there, this is not recommended since experience elsewhere shows heavy capital and annual expenditure with small income.

For an area of 60,000 population, it is likely that as many as four small-scale Welfare Centres will be needed for topographical reasons and it is hoped that community centres and church halls will be available in which accommodation may be rented for clinic services.

It is for discussion whether such rented provision would be sufficient and whether one might hope to use the existing modern and well equipped County Council built Centres already provided at Dawley and Madeley, for more specialised work and sessions. These two existing Centres, and four rented ones (if accommodation can be found available) as simple Infant Welfare Centres, might suffice without building a new Centre for the New Town, although it is acknowledged that many would advocate the latter as necessary or desirable.

(4) CARE OF MOTHERS AND YOUNG CHILDREN

The rising birth rate as evidenced by the past two or three years will increase all aspects of work under this heading.

WELFARE CENTRES

Consideration will have to be given to the question of new Welfare Centres. That at Whitchurch is now completed and the only programmed project remaining is that at Harlescott. New facilities at Donnington depend upon implementation of the Education Department's Community Centre project and at Bishop's Castle in the new Stone House joint project with the Regional Hospital Board.

Apart from the question of additional provision at Dawley, it is felt that consideration might be given to the location of additional Welfare Centres at Wellington, where considerable housing development has taken place, and continues, on the outskirts of the Urban District. If suitable buildings are available, accommodation would be rented.

The possibility that development at Dawley may extend towards Wellington suggests that a centre in the vicinity of the road junction at Lawley might usefully serve both the Dawley expansion and any housing development from the Arleston area along the Wellington—Dawley road.

Replacement is considered necessary of the Welfare Centre at Oswestry, which comprises three converted dwelling-houses and accommodates a busy dental clinic and numerous County Council and Hospital clinics. This property is old, rambling and inconvenient for the many services using it and maintenance costs are increasing progressively with deterioration. Provision is warranted of a centre on the lines of that now completed at Whitchurch, with one or two more consultant and general purpose rooms and perhaps two units of living accommodation (nurse and caretaker).

In Shrewsbury, three or four peripheral centres are needed, e.g. at Springfield, Copthorne, Meole and Monkmoor (provision in the two latter areas having been made by renting accommodation temporarily). The prospect should also be faced of completely rebuilding the present Murivance Welfare Centre or otherwise providing a big, new central clinic.

DENTAL SERVICE

Difficulty in the recruitment of dental officers continues to give cause for concern, and allowances must accordingly be made for possible additions to the dental staff. To supplement the dental services, it is considered that up to six dental auxiliaries, who will work under the supervision of the dental officers, ought to be recruited in the next few years.

(5) MIDWIFERY

Increased numbers of confinements in 1960 and 1961 have resulted in a halt in the downward trend in the proportion of domiciliary confinements—36% in 1959 and 1960 and 38% in 1961. The "Hospital Plan" proposes that 70 per cent of confinements should take place in hospital with earlier discharge to the care of the domiciliary midwife. Either way, the work of the latter will be increased.

Allowing for separate midwifery and nursing services in Shrewsbury, the population of this County at 300,000 justifies a whole-time establishment of :

- 7 Home Nurses
- 7 Midwives
- 70 District Nurse-Midwives plus relief staff (10 per cent)

The authorised establishment and staffing position at 31st December, 1961, were as follows:

		31st December, 1961
	Authorised	(including Agency nurses)
Home Nurses ..	8	7
Midwives ..	7	7
Nurse-Midwives	74	69
Relief	6	6

Based upon the population estimates in paragraph (1) the additional number of midwives required is as follows, allowing the present establishment of 74 to absorb the probable increase in midwifery work and compensate for recent increased holiday allowances for midwives :

	To complete present establishment	Additional
1966—67 ..	5	2
1971—72 ..	—	2

With development at Dawley, it is assumed that midwifery and nursing services would operate independently and the additional midwifery staff required by 1971—72 would be 4.

(6) HEALTH VISITING

The Working Party Report on Health Visiting recommends a basis of 4,300 population per whole-time Health Visitor. Shropshire's present population of 300,000 would therefore justify 69 Health Visitors.

The authorised establishment and staffing position at 31st December, 1961, were as follows :

<i>Health Visitors (including School Nurses)</i>	<i>Establishment</i>	<i>31st December, 1961</i>	
		<i>Staff</i>	<i>Whole-time equivalent</i>
Whole-time	41	38	38
Part-time (as whole-time equivalent)	11	41	7.664
	<hr/> 52 <hr/>		<hr/> 45.664 <hr/>

The present strength of Health Visitors is six below the authorised establishment, and requirements would, therefore, appear to be :

At present ..	6
By 1966—67 ..	1 more
By 1971—72 ..	2 more

Nevertheless, it is strongly recommended that the present authorised whole-time establishment of Health Visitors should be increased to 69 and that action should be taken to recruit staff up to that number within the next five years.

Dawley overspill development would necessitate about 7 additional staff by 1971—72.

Not a great deal of visiting of the aged is done by the Health Visitors, but facts show that this must increase very substantially from now on. Voluntary organisations are being consulted to ascertain what help they can give with visiting in view of the increasing proportions of old people and reduction in geriatric beds.

(7) HOME NURSING

The numbers of Home Nursing cases dealt with annually in Shropshire have shown a progressive decrease in the past 4—5 years. With fewer geriatric beds and increasing numbers in the aged population, coupled with the proposals under the Hospital Plan to send patients to hospitals at distances from their homes, domiciliary nursing cases are likely to increase considerably in numbers in the next ten years.

The authorised establishment of Home Nurses and staffing position at 31st December, 1961, were as follows :

	<i>Authorised</i>	<i>At 31st December, 1961 (including Agency Nurses)</i>
Home Nurses	8	7
Nurse-Midwives	74	69
Relief	6	6

The deficiency at 31st December was, therefore, one whole-time nurse and five nurse-midwives.

By 1966—67 and 1971—72, the additional numbers required would be 2 and 2 respectively.

Dawley "overspill" would necessitate 4 whole-time Home Nurses by 1971—72.

The use of Voluntary Organisation personnel such as the British Red Cross, St. John Ambulance Brigade, etc., to assist Local Health Authority nursing staffs was recommended in 1950/51 by the Minister of Health. An approach was made by the Health Department to these organisations, but use of their services at that time was not necessary.

Meetings are in progress with the organisations concerned.

(8) VACCINATION AND IMMUNISATION

No extension of the vaccination and immunisation services is visualised, other than the possibility of a fourth booster dose against Poliomyelitis for all priority categories up to forty years of age (only the 5—11 age group having so far been protected).

With regard to Smallpox vaccination, this Authority have taken powers to re-vaccinate children on school entry, but this has not yet been instituted as a routine practice. Present views suggest that re-vaccination should not be done at five years, when those vaccinated as infants are still likely to be in a state of immunity, but at eleven years (coinciding with routine school medical inspection) when immunity has probably faded.

In consequence of increased births and subsequent additional numbers of school children it is anticipated that within the next ten years the numbers of Medical Officers will need to be increased by two—one in each five-year period.

(9) AMBULANCE SERVICE

Demands upon the Service continue to increase and statistics for 1961 show a mileage of 1,167,396 and patients carried 100,926.

The recent review of the Ambulance Service proposes the establishment of a new station at Craven Arms, the replacement of that at Bridgnorth, and a new station at Wellington or in the Borough of Wenlock, dependent upon development at Dawley.

The present and proposed establishments of vehicles and personnel are as follows :

				<i>Vehicles</i>	<i>Personnel</i>
Authorised—present	..	..	..	47	76
proposed	..	..	..	59	95
Actual (in terms of whole-time)					
at 30th September, 1961	..	..	..	45	66

The above review was initiated well before the Minister's request for a ten-year plan for expansion, and may now be regarded as adequate for that purpose, to include also the first part of Dawley "overspill" up to 1971—72.

To what degree it may be necessary to implement in full by the end of the ten-year period the proposed establishments of vehicles and personnel will depend very much upon the progress made by the Hospital Service in closing the smaller hospitals and diverting patients to the district general hospitals, in consequence of which there will undoubtedly be greater mileage and longer journeys with corresponding increased demands upon vehicles and manpower.

(10) PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The proposed reduction in geriatric beds and diversion of patients to distant hospitals will increase demands upon the Care and After-care Services.

Expenditure on loan equipment will obviously need to be increased very substantially and some development of the night sitter-in service, which at present exists only as a framework, will probably be necessary. In this connection, assistance might be sought from the voluntary organisations, and this is under active discussion with these organisations.

Chiropody demands have developed rapidly and further expansion of the County Service will be necessary. The capacity of voluntary organisations to initiate local schemes will be dependent upon the availability of Chiropodists and it is more likely that expansion will best be achieved by the employment of additional County Chiropodists. Provision for one additional post in each of the five year periods is therefore visualised.

Recent experience with problem families suggests that provision should be made in the annual estimates for payment for rehabilitation at centres such as Crowley House and Brentwood, and also for the provision of special domestic assistance as well as cleaning materials, etc.

(11) DOMESTIC HELP SERVICE

In 1961, the number of cases provided with home help topped 1,000 for the first time since the inception of the service. This represents 3.2 cases per 1,000 population, which is low in comparison with other Local Health Authority areas.

The ratio of Home Helps is also low, being 0.26 per 1,000 population and this is about half the rate for the Birmingham Region.

The increasing numbers of aged persons and proposed reduction in geriatric beds must undoubtedly place far heavier responsibilities upon the Domestic Help Service. At present, six whole-time home helps and 153 part-time are employed, the equivalent of 80 whole-time personnel. To achieve balance with the average for the Region, it will be necessary at least to double the present numbers of part-time helps.

Recruitment to the service of additional home helps will, of course, depend upon demands for their services and recent trends suggest that an average of 15 part-time helps should be recruited annually for the next ten years. This would increase the numbers of part-time helps by 150 by the end of that period.

Home Help Offices as at present located throughout the County are considered adequate for efficient control of the service and no new offices are contemplated, except at Dawley, where proposed development will necessitate such provision.

(12) MENTAL HEALTH

The present Headquarters establishment of the Mental Health Service is :

Senior Mental Welfare Officer	..	1
Mental Welfare Officers	..	5
Psychiatric Social Worker	..	1
Home Teacher	..	1

Variation of this establishment to provide a post of Deputy Mental Welfare Officer has yet to be approved by the Finance Committee. Apart from this, it is proposed that the present unfilled post of Psychiatric Social Worker be replaced by an additional post of Mental Welfare Officer, to permit re-absorption into the establishment of a Mental Welfare Officer who is at present attending a training course for the Mental Health Certificate.

Additional Mental Welfare Officers will be required under the development plan as follows :

By 1966—67	..	3
By 1971—72	..	2

Development at Dawley will necessitate one additional officer in the second five-year period.

Provision ought presumably to be made for the training of Mental Welfare Officers, either at recognised courses or by "in-service" training or a combination of both.

Development of training facilities for adults is the main provision in the capital building programme, having in mind the following :

- (a) The Minister's general instruction to expand local health authority services to provide more community care.
- (b) The plan to reduce by 564 the total number of hospital beds for the mentally ill in Shropshire by the year 1975.
- (c) The complete lack of adult training centres for subnormals in Shropshire and the necessity to provide continuity of training for teenage patients who cannot be retained in junior centres.
- (d) The increased longevity of psychiatric patients—particularly severely subnormals; and increasing numbers of persons at the top end of this category will require community care on the death of their parents instead of being sent to hospital.

The adult hostel and workshop projects are intended to accommodate those patients who do not require further hospitalisation and are capable of being absorbed into industry but require somewhere to live, as well as those who may be unable to hold their own in industry and need sheltered employment.

In respect of both junior and adult centres, it will become necessary to disperse facilities around the County rather than to concentrate them in Shrewsbury and Wellington, involving either unwieldy transport collection schemes or a greater proportion of residential accommodation. In providing such centres in the outlying areas of the County, it will in any case be necessary to operate a local transport service to collect patients from the surrounding rural areas and something like five additional vehicles will be required for this purpose.

(13) EXPENDITURE UNDER OTHER ENACTMENTS AND ON GENERAL ADMINISTRATION

The only items under this heading relate to payments for Infectious Diseases notifications and clerical staffing of the Health Department.

The former item is a fluctuating one and may be affected by the future elimination of notification of certain diseases.

General development of the Local Health Services will necessitate increases in the establishment of the Health Department and all sections are likely to be affected. Such increases will depend upon how quickly the services develop and are therefore difficult to estimate in advance, but the following numbers will probably be required during the period covered by this review :

Section	By 1966—67	By 1971—72
National Health	2	2
Mental Health ..	2	1
Domestic Help ..	1	1
Accounts	—	1
Typists	—	1

(14) Tables Nos. 1 to 4 cover respectively, in the form required by the Minister :

- (1) Estimates of annual nett revenue expenditure.
- (2) List of premises, owned and rented, utilised for Health Committee services.
- (3) Capital building projects in order of priority.
- (4) Staffing estimates, equivalent to whole-time staff, and excluding those employed in the School Health Service.

(15) The Ministry of Health Circular calling for this development plan visualises increases in annual nett revenue expenditure of the order of 2½ per cent, based on present costs and salaries. The plan now submitted will entail annual increases, based in each case on the previous year's expenditure, as follows :

	Percentage increase over previous year
1963—64	3¼
1964—65	6½
1965—66	5¾
1966—67	5¼
1967—68	3¾
1968—69	1¾
1969—70	2¼
1970—71	2¼
1971—72	2

(16) The total value of the capital building projects shown in Table 3 is £405,600.

The total cost of furnishings will be £38,250, of which £36,900 will be met by loan and £1,350 from revenue.

(17) The revenue estimates do not include provision for the additional field workers envisaged in consequence of development at Dawley during the second five-year period, and the total cost involved will amount to approximately £16,290 per annum.

Table 1 : Net Revenue Expenditure
(Including loan charges and capital expenditure from revenue)

Service	ESTIMATES					Approximate estimate for 1971—72
	1962—63	1963—64	1964—65	1965—66	1966—67	
	£	£	£	£	£	£
Health Centres	—	—	—	—	—	—
Care of Mothers and Young Children	40,337	41,836	43,196	44,961	47,797	50,887
Midwifery	60,720	63,051	63,974	64,263	65,223	66,420
Health Visiting	36,723	40,545	43,040	45,515	48,021	52,347
Home Nursing	56,204	58,609	60,381	60,609	61,550	62,396
Vaccination and Immunisation	22,252	23,066	23,703	24,172	24,566	25,766
Ambulance Service	109,082	114,793	117,776	122,304	125,085	134,211
Prevention of Illness, Care and After-Care (ex- cluding Mental Health)	18,065	20,239	20,743	21,282	21,727	24,010
Domestic Help	46,981	49,913	52,490	55,400	58,478	73,102
Mental Health	51,054	43,917	61,025	75,554	88,536	117,557
Expenditure under other enactments and on general administration	1,439	1,588	1,492	1,606	1,520	1,685
Expenditure on local health services not reckonable for general grant	—	—	—	—	—	—
Total for Local Authority Health Services ..	442,857	457,557	487,820	515,666	542,503	608,381

Table 2 : List of Properties at 31st March, 1962

Service	Purpose	Location	No.	Observations
Domiciliary Nursing Services	Nurses' houses	Albrighton	1	Private tenant
		Baschurch	1	—
		Bishop's Castle	1	—
		Bomere Heath	1	—
		Condover	2	One occupied by private tenant
		Dorrington	1	—
		Ellesmere	1	—
		Hilton	1	—
		Hinstock	1	—
		Hodnet	1	—
		Longden	1	—
		Ludlow (flats)	2	—
		Minsterley	1	—
		Munslow	1	—
		Newport	3	One occupied by Assistant County Medical Officer
		Oakengates (flat)	1	—
		Oswestry	1	—
		Roden	1	—
		St. Martin's	1	—
		Shrewsbury—houses	2	—
		flats	1	To be replaced when new Welfare Centre is erected at Harlescott in 1964—65.
		Westbury	1	—
		West Felton	1	—
		Whitchurch (flat)	1	Included in Whitchurch Welfare Centre which is now to be sold. No replacement needed.
	Nurses' Home	Wrockwardine	1	—
		Shrewsbury	1	—

(N.B.—In addition to the above, 26 houses and flats are rented by the County Council from local housing authorities and private owners for occupation by members of the nursing staffs).

Service	Purpose	Location	Observations
Care of Mothers and Young Children	Welfare Centres	Bridgnorth	—
		Dawley	—
		Ellesmere	—
		Ironbridge	—
		Ludlow	—
		Madeley	—
		Market Drayton	—
		Newport	—
		Oakengates	—
		Oswestry	To be replaced by new Centre scheduled for 1966—67.
		Shrewsbury—White House	To be replaced by new Centre programmed for 1964—65.
		Murivance	—
		Wellington	—
		Wem	—
		Whitchurch	Present premises being replaced by new Centre, now completed.

(N.B.—In addition to the above, Welfare Centres are held in 20 other areas of the County in rooms, church halls, etc., rented for the purpose).

Service	Purpose	Location	Observations
Ambulance Service	Depots and garages	Bishop's Castle	Rented garage.
		Bridgnorth	Rented property. To be replaced in 1964—65.
		Donnington	Rented property.
		Market Drayton	Rented garage.
		Much Wenlock	Rented garage.
		Oswestry	County Council owned depot
		Shifnal	Rented garage.
		Shrewsbury	County Council owned depot and Headquarters.
		Whitchurch	Rented garage.
	Drivers' houses	Donnington (4)	—
		Oswestry (3)	—
		Shrewsbury (6)	—
Mental Health	Radio Stations	Abdon Burf	—
		Lyth Hill	—
	Junior Training Centres	Shrewsbury—Sutton Lodge	To be replaced by new Junior Training Centre now under construction. Sutton Lodge to be converted as hostel for mentally ill cases discharged from hospital.
		Wellington—The Vineyard	To be replaced by a new Junior Training Centre now programmed for 1963—64.

Table 3 : Capital Building Programme

Scheme	Location and Size	Need	Provisional Cost	Effect on Revenue Expenditure
1963—64 Wellington Junior Training Centre	The Vineyard, WELLINGTON 32 day pupils	REPLACEMENT : Urgently needed to enable expansion of class at present held in converted coach-house.	Building : £15,000 Site : D.V's valuation Furnishings: £1,000	Plus £1,740
Craven Arms Ambulance Station with staff housing	CRAVEN ARMS (Site not yet chosen) 7 bays 4 housing units	NEW PROVISION : To cover southern area of county where service is at present provided through two privately-operated garages.	Building : £28,000 Site : D.V's valuation (£1,000) Furnishings: £1,000	Plus £1,980
Shrewsbury Hostel for mentally ill patients	Sutton Lodge, SHREWSBURY 20 places (10 each sex)	NEW PROVISION : Accommodation needed for adult cases discharged from Shelton Hospital to be provided by conversion of premises at present used as Junior Training Centre.	Building : £10,000 Furnishings: £2,000	Plus £2,705
Shrewsbury Nursing Staff housing	The Grange Estate, SHREWSBURY Pair of semi-detached houses for domiciliary nursing and midwifery staff.	NEW PROVISION : To accommodate additional nursing staff to serve new housing development of 1,000 houses.	Building : £7,000 Site : £925 Furnishings: £400	Plus £360
1964—65 Wellington Adult Training Centre and Hostel	WELLINGTON (Site not yet chosen) Training—30 places (15 each sex) Hostel— 16 places (8 each sex)	NEW PROVISION : Urgently needed to provide adult training facilities and hostel accommodation for working subnormals in an industrial area. No such provision yet exists in Shropshire.	Building : £35,000 Site : D.V's valuation (£2,000) Furnishings: £3,500	Plus £8,390
Shrewsbury Adult Centre for mentally sub-normal persons	SHREWSBURY (Site not yet chosen) 50 places (25 each sex) of which 24 (12 each sex) will be resident	NEW PROVISION : To provide training facilities with residential accommodation for adult subnormals.	Building : £50,000 Site : D.V's valuation (£2,500) Furnishings: £5,000	Plus £11,020
Bridgnorth Ambulance Station with staff housing	BRIDGNORTH (Site not yet finalised) 5 bays 3 housing units	REPLACEMENT : Joint project with Fire Service to replace unsatisfactory rented accommodation incapable of expansion	Building : £20,500 Site : D.V's valuation (£500) Furnishings: £400	Plus £1,510
Shrewsbury Maternity and Child Welfare Centre with flats for nursing staff	Albert Road, Harlescott SHREWSBURY (site reserved but not yet acquired). To serve a population of approx. 20,000	NEW PROVISION : To provide clinic facilities for new housing development and replace sessions held in rented Church Hall premises as well as in an unsatisfactory County Council owned clinic.	Building : £16,000 Site : D.V's valuation (£500) Furnishings: £3,500	Plus £2,120
1965—66 Wellington Hostel for mentally ill	WELLINGTON (Site to be chosen) 24 places (12 each sex)	NEW PROVISION : Accommodation needed for adult patients discharged from Shelton Hospital.	Building : £25,000 Site : D.V's valuation Furnishings: £2,400	Plus £3,060
East Shropshire Ambulance Station with staff housing	DONNINGTON, WELLINGTON or WENLOCK BOROUGH (Site to be chosen). Location dependent upon overspill development at Dawley. 8 bays; 6 housing units	REPLACEMENT : To replace rented accommodation at Donnington which limits expansion of fleet. In the event of Dawley development, this proposed station would be located at Wellington or in the Borough of Wenlock and the existing Donnington Station would be retained.	Building : £37,000 Site : D.V's valuation Furnishings: £550	Plus £2,334
1966—67 Shrewsbury Hostel and workshop for mentally ill cases	SHREWSBURY (Site to be chosen) 30 places (15 each sex)	NEW PROVISION : To accommodate patients discharged from Shelton Hospital who may not be fit to return direct to industry and will consequently require sheltered employment.	Building : £40,000 Site : D.V's valuation Furnishings: £4,500	Plus £6,540
Oswestry Child Welfare Centre	OSWESTRY (Site to be chosen). To serve a borough of 10,000 population and surrounding rural area	REPLACEMENT : To replace a County Council owned welfare centre in a converted dwelling house accommodating many Council and Hospital clinic services which is rambling, inconvenient and deteriorating structurally.	Building : £26,000 Site : D.V's valuation Furnishings: £4,000	Plus £2,225

Scheme	Location and Size	Need	Provisional Cost	Effect on Revenue Expenditure
1967—68 Dawley Junior Training Centre	DAWLEY (or vicinity) (Site to be chosen) 30 places	NEW PROVISION : Overspill development at Dawley will necessitate additional junior training facilities to relieve the centres at Shrewsbury and Wellington.	Building : £14,000 Site : D.V's valuation Furnishings: £1,000	Plus £3,995
1968—69 Oswestry Adult Day Training Centre	OSWESTRY (Site to be selected) 25—30 places	NEW PROVISION : To enable dispersal of subnormal adults to peripheral centres and relieve the Shrewsbury Adult Centre. Inclusion of residential accommodation may be needed at some later date.	Building : £14,000 Site : D.V's valuation Furnishings: £1,500	Plus £5,050
1969—70 Madeley Adult Day Training Centre	MADELEY (Site to be selected) 25—30 places	NEW PROVISION : As indicated above. Location of peripheral centres will be influenced by industrial growth, communications and population.	Building : £14,000 Site : D.V's valuation Furnishings: £1,500	Plus £4,980
1970—71 North-West Salop Adult Day Training Centre	WEM, MARKET DRAYTON or WHITCHURCH (Site to be selected) 25—30 places	NEW PROVISION : As indicated above. Location of peripheral centres will be influenced by industrial growth, communications and population.	Building : £14,000 Site : D.V's valuation Furnishings: £1,500	Plus £4,630
1971—72 Wellington Hostel and Workshop for mentally ill patients	WELLINGTON (Site to be selected) 30 places (15 each sex)	NEW PROVISION : To provide accommodation for patients discharged from Shelton Hospital who do not require further hospitalisation and are fit for industry and others who may require sheltered employment.	Building : £40,000 Site : D.V's valuation Furnishings: £4,500	Plus £6,540

Table 4 : Staff—Whole-time equivalent (exclusive of School Health Service)

Category of Staff	1961—62 (31/12/61)	1962—63	1963—64	1964—65	1965—66	1966—67	1967—68	1968—69	1969—70	1970—71	1971—72	Dawley
Doctors	6.45	7.35	7.35	7.85(1)	7.85	7.85	7.85	7.85	8.35(1)	8.35	8.35	Included
Dental Officers	1.0	1.0	1.15(1)	1.15	1.30(1)	1.30	1.45(1)	1.45	1.60(1)	1.60	1.75(1)	Included
Domiciliary Midwives	42.0	42.0	42.8 (2)	43.2 (1)	44.1 (2)	44.9 (2)	44.9	45.3 (1)	45.3	45.7 (1)	45.7	+2 W.T.
Health Visitors	36.0	36.0	39.5 (5)	43.0 (5)	46.5 (5)	50.0 (5)	53.5 (5)	54.2 (1)	54.2	54.9 (1)	54.9	+7 W.T.
Home Nurses	47.0	47.0	47.8 (2)	49.2*(2)	50.0 (2)	50.8 (2)	50.8	51.2 (1)	51.2	51.6 (1)	51.6	+4 W.T.
Staff—Day Nurseries	—	—	—	—	—	—	—	—	—	—	—	—
Other Nursing Staff : Supt. Nursing Officers	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	3.4	
Ambulance Staff—All grades Vehicles	67 47	69 48	71 49	73 50	75 51	77 52	79 53	81 54	83 55	85 56	87 57	Included
Staff(excluding domestic)—Training Centres for mentally subnormal :												
Supervisors	1	1	1	1	1	1	1	1	2	2	2	
Assistant Supervisors	2	2	2	2	2	2	2	2	4	4	4	
Home Teacher	1	1	1	1	1	1	1	1	1	1	1	
Supervisor/Instructor	—	—	—	—	—	—	—	—	1	2	3	(1)
Assistant Craft Instructor	—	—	—	—	—	—	—	—	2	4	6	(2)
Drivers	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	1.5	2.0	2.5	(1)
Home Helps (including Supervisory Staff)	86	93 (15)	100 (15)	107 (15)	114 (15)	121 (15)	128 (15)	135 (15)	142 (15)	149 (15)	156 (15)	Included
Staff in residential accommodation under Section 28/46 :												
Supervisors	1	1	1	1	1	1	1	1	1	1	1	
Assistant Supervisors	5	5	5	8	8	8	8	8	8	8	8	
House Mothers	1.75	1.75	1.75	5 (3½)	5	5	5	5	5	5	5	
Wardens	—	—	—	—	2	3 (1)	4 (1)	5 (1)	5	5	5	
Assistant Wardens	—	—	—	—	2	3 (1)	4 (1)	5 (1)	5	5	5	
Deputy Wardens	—	—	—	—	2	3 (1)	4 (1)	5 (1)	5	5	5	
Craft Instructor/Supervisor	—	—	—	—	1	2	2	4	4	4	4	
Assistant Craft Instructor/Supervisor	—	—	—	—	2	6 (4)	6	6	6	6	6	
Drivers	0.5	0.5	0.5	0.5	0.5	1	1	1	1	1	1	

*One whole-time appointment. New appointments are shown in brackets.

Table 4 (continued)

Category of Staff	1961—62 (31/12/61)	1962—63	1963—64	1964—65	1965—66	1966—67	1967—68	1968—69	1969—70	1970—71	1971—72	Dawley
Domiciliary Social or Welfare Workers :												
(a) University etc.	—	1	1	1	1	1	1	1	1	1	1	
(b) General Training	—	—	—	—	—	—	—	—	—	—	—	
(c) Other Social Workers	7	6	7 (1)	8 (1)	9 (1)	9	10 (1)	10	11 (1)	11	11	+1
(d) Welfare Assistants	—	—	—	—	—	—	—	—	—	—	—	
Other Staff :												
Chiropodists	1	1	2 (1)	2	2	2	2	3 (1)	3	3	3	Included
Dental Attendants	1.35	1.35	1.5 (1)	1.5	1.65(1)	1.65	1.8 (1)	1.8	1.95(1)	1.95	2.1 (1)	
Dental Auxiliaries	—	—	0.3 (2)	0.3	0.6 (2)	0.6	0.9 (2)	0.9	0.9	0.9	0.9	
Dental Technicians	0.3	0.3	0.45(1)	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	
Oral Hygienist	0.15	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	
Psychiatric Social Workers	—	—	—	—	—	—	—	—	—	—	—	
Sanitary Officers	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	
Manual and Domestic—General	7.6	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	7.7	
Mental Health	1.75	1.75	1.75	5.75(4)	10.25(4½)	13.25(3)	15.25(2)	17.25(2)	20.0(2¾)	20.5 (½)	21.5 (1)	
Ambulance Admin. and Control Staff	8	8	9 (1)	9	9	9	9	9	9	9	9	
Welfare Foods, etc., Driver	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	
Administrative and Clerical	50	50	52 (2)	53 (1)	54 (1)	55 (1)	56 (1)	57 (1)	59 (2)	60 (1)	61 (1)	

STATISTICAL TABLES

TABLE I

Population, Acreage and Density of Population in the
various Districts of Shropshire in 1962 (mid-year)

Districts						Population (estimated mid-1962)	Acreage (inclusive of water)	Persons per acre
URBAN								
Bishop's Castle Borough	..	..	..	..	..	1,220	1,867	0.65
Bridgnorth Borough	..	..	..	..	..	7,840	2,645	2.96
Church Stretton Urban	..	..	..	..	..	2,760	6,198	0.45
Dawley Urban	..	..	..	..	..	9,870	3,259	3.03
Ellesmere Urban	..	..	..	..	..	2,290	1,220	1.88
Ludlow Borough	..	..	..	..	..	6,760	1,068	6.33
Market Drayton Urban	..	..	..	..	..	5,920	1,216	4.87
Newport Urban	..	..	..	..	..	4,710	768	6.13
Oakengates Urban	..	..	..	..	..	12,380	2,396	5.17
Oswestry Borough	..	..	..	..	..	11,520	2,173	5.30
Shrewsbury Borough	..	..	..	..	..	50,120	8,118	6.17
Wellington Urban	..	..	..	..	..	14,430	2,281	6.33
Wem Urban	..	..	..	..	..	2,600	903	2.88
Wenlock Borough	..	..	..	..	..	14,970	22,657	0.66
Whitchurch Urban	..	..	..	..	..	7,150	6,053	1.18
TOTAL—Urban Districts	..	..	..	..	..	154,540	62,822	2.46
RURAL								
Atcham	..	..	..	..	..	22,950	134,490	0.17
Bridgnorth	..	..	..	..	..	16,130	100,897	0.16
Clun	..	..	..	..	..	8,690	132,512	0.07
Drayton	..	..	..	..	..	9,650	54,058	0.18
Ellesmere	..	..	..	..	..	7,620	48,253	0.16
Ludlow	..	..	..	..	..	13,420	112,823	0.12
Oswestry	..	..	..	..	..	20,090	61,524	0.33
Shifnal	..	..	..	..	..	15,140	39,562	0.38
Wellington	..	..	..	..	..	26,200	54,516	0.48
Wem	..	..	..	..	..	11,720	60,343	0.19
TOTAL—Rural Districts	..	..	..	..	..	151,610	798,978	0.19
ADMINISTRATIVE COUNTY	..	..	..	..	..	306,150	861,800	0.36

TABLE II
Deaths, Births and Infantile Mortality in Shropshire in 1962

DISTRICTS	DEATHS		BIRTHS					DEATHS OF INFANTS					
	Deaths at all ages	Rate per 1,000 of Population	Comparable Death-rate	Legitimate	Illegitimate	Total	Rate per 1,000 of Population	Comparable Birth-rate	Stillbirths	Under one month	Neo-natal mortality rate	Under one year	Infant mortality rate
URBAN													
Bishop's Castle Borough	36	29.51	10.92	15	4	19	15.57	17.59	—	—	—	—	—
Bridgnorth Borough	77	9.82	8.94	175	6	181	23.09	21.94	—	2	11.05	3	16.57
Church Stretton Urban	55	19.93	11.96	36	—	36	13.04	15.26	1	—	—	1	27.78
Dawley Urban	133	13.48	16.58	181	7	188	19.05	18.48	5	6	31.91	7	37.23
Ellesmere Urban	40	17.47	15.02	28	2	30	13.10	13.10	1	—	—	—	—
Ludlow Borough	109	16.12	11.61	117	1	118	17.46	17.46	3	4	33.90	4	33.90
Market Drayton Urban	73	12.33	10.97	104	9	113	19.09	19.66	2	—	—	1	8.85
Newport Urban	62	13.16	12.37	100	3	103	21.87	21.43	—	3	29.13	4	38.83
Oakengates Urban	134	10.82	11.79	217	16	233	18.82	18.82	4	5	21.46	6	25.75
Oswestry Borough	115	9.98	9.98	211	9	220	19.09	18.90	2	1	4.55	4	18.18
Shrewsbury Borough	602	12.01	12.61	825	44	869	17.34	16.65	23	17	19.56	23	26.47
Wellington Urban	162	11.23	12.58	235	24	259	17.95	17.05	8	5	19.31	5	19.31
Wem Urban	39	15.00	13.20	35	2	37	14.23	15.08	1	—	—	—	—
Wenlock Borough	191	12.76	11.74	207	17	224	14.96	15.11	8	4	17.86	9	40.18
Whitchurch Urban	121	16.92	12.69	136	3	139	19.44	20.41	4	4	28.78	5	35.97
Aggregate	1,949	12.61	12.12	2,622	147	2,769	17.92	17.56	62	51	18.42	72	26.00
RURAL													
Atcham	235	10.24	10.34	401	15	416	18.13	19.76	7	7	16.83	10	24.04
Bridgnorth	139	8.62	11.03	222	6	228	14.14	17.39	3	3	13.16	8	35.09
Clun	97	11.16	9.26	134	5	139	16.00	20.80	—	2	14.39	2	14.39
Drayton	96	9.95	10.65	205	5	210	21.76	21.11	1	5	23.81	10	47.62
Ellesmere	72	9.45	10.96	130	6	136	17.85	20.17	3	1	7.35	3	22.06
Ludlow	160	11.92	11.20	201	5	206	15.35	17.65	4	3	14.56	4	19.42
Oswestry	255	12.69	11.67	281	15	296	14.73	17.23	4	5	16.89	7	23.65
Shifnal	117	7.73	10.74	219	12	231	15.26	16.94	7	1	4.33	3	12.99
Wellington	231	8.82	10.76	455	31	486	18.55	18.92	11	10	20.58	15	30.86
Wem	134	11.43	11.89	195	11	206	17.58	18.81	3	—	—	2	9.71
Aggregate	1,536	10.13	11.04	2,443	111	2,554	16.85	18.70	43	37	14.49	64	25.06
ADMINISTRATIVE COUNTY	3,485	11.38	11.72	5,065	258	5,323	17.39	18.26	105	88	16.53	136	25.55

TABLE III

Registrar General's Statistics

Causes of Death in Shropshire during 1962

DISTRICTS	Tuberculosis—respiratory	Tuberculosis—other	Syphilitic disease	Diphtheria	Whooping cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant Neoplasm					Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth and abortion	Congenital malformations	Other defined and ill-defined diseases	Motor vehicle accidents	All other accidents	Suicide	Homicide and operations of war	ALL CAUSES		
										Stomach	Lung, bronchus	Breast	Uterus	Other malignant and lymphatic neoplasms																									
URBAN:																																							
Bishop's Castle Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	8	7	1	8	1	1	—	—	—	1	—	—	—	—	—	—	2	—	—	1	1	—	36
Bridgnorth Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	—	8	12	—	16	2	—	—	—	—	—	—	—	—	—	—	4	—	—	2	1	—	77	
Church Stretton Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	7	—	—	9	13	—	10	1	—	—	—	—	—	—	—	—	—	—	6	—	2	2	—	55		
Dawley Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	19	—	—	17	22	3	25	4	—	—	—	—	—	—	—	—	—	—	13	1	—	2	—	133		
Ellesmere Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	1	7	11	—	4	3	1	2	—	—	—	—	—	—	—	—	—	3	1	—	40			
Ludlow Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	20	16	1	18	5	—	—	—	—	—	—	—	—	—	—	12	2	—	1	—	109		
Market Drayton Urban	1	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	11	13	1	14	5	—	—	—	—	—	—	—	—	—	—	7	3	—	3	—	73		
Newport Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	1	14	13	—	10	—	—	—	—	—	—	—	—	—	—	—	9	—	3	1	—	62		
Oakengates Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	11	1	3	25	22	—	18	—	—	—	—	—	—	—	—	—	—	—	14	—	3	1	—	134		
Oswestry Borough	2	—	2	—	—	—	—	—	1	3	2	1	3	7	—	—	15	19	1	24	8	1	3	4	1	—	—	—	—	—	—	10	1	4	—	115			
Shrewsbury Borough	1	1	—	—	—	—	—	—	2	66	22	17	3	66	6	3	96	89	8	73	20	7	34	33	9	4	6	3	1	—	49	11	15	2	—	602			
Wellington Urban	—	—	—	—	—	—	—	—	—	13	10	1	—	13	—	1	31	30	3	21	1	1	8	11	2	—	—	—	—	—	3	15	1	5	1	—	162		
Wem Urban	—	—	—	—	—	—	—	—	—	6	4	—	—	6	—	1	6	8	—	5	1	—	2	1	—	—	—	—	—	—	—	—	—	1	2	—	39		
Wenlock Borough	—	—	1	—	—	—	—	—	1	—	5	1	2	8	—	1	49	21	4	22	10	2	12	17	—	—	1	—	2	—	4	14	2	5	—	191			
Whitchurch Urban	—	—	—	—	—	—	—	—	—	—	2	2	3	5	1	1	18	13	2	23	2	1	4	2	—	—	2	—	—	—	1	36	2	—	2	—	121		
TOTAL—Urban Districts Pop. 154,540	4	1	3	—	1	—	1	—	5	31	65	29	19	167	10	12	334	309	24	291	73	14	105	94	16	8	11	11	12	—	23	195	25	48	8	—	1949		
RURAL:																																							
Atcham	—	—	1	—	—	—	—	—	—	8	7	7	—	37	5	2	31	38	2	27	2	3	14	13	1	1	—	—	—	—	7	23	2	2	1	—	235		
Bridgnorth	1	—	—	—	—	—	—	—	—	5	5	3	2	13	—	—	22	19	3	15	6	—	6	6	2	1	3	—	—	—	4	11	5	5	2	2	—	139	
Clun	—	—	—	—	—	—	—	—	—	1	2	—	—	15	—	—	21	14	4	16	2	1	1	5	2	—	—	—	—	—	1	7	—	1	1	—	97		
Drayton	—	—	1	—	—	—	—	—	—	3	1	—	2	10	—	—	10	14	2	21	—	—	8	5	—	—	—	—	—	—	—	—	10	3	2	1	—	96	
Ellesmere	—	—	—	—	—	—	—	—	—	5	3	1	—	5	—	1	6	16	2	8	2	2	2	4	—	1	—	—	—	—	1	10	—	2	2	—	72		
Ludlow	—	1	—	—	—	—	—	—	1	5	7	1	2	21	—	1	32	21	2	19	2	3	10	6	—	2	—	—	—	—	3	13	—	3	3	1	—	160	
Oswestry	1	—	—	—	—	—	—	—	2	8	7	6	—	16	1	6	33	45	3	54	13	8	9	8	4	—	—	—	—	—	1	19	3	5	5	—	255		
Shifnal	—	—	—	—	—	—	—	—	—	2	4	2	2	8	2	2	14	26	6	18	5	—	3	6	—	1	—	—	—	—	3	5	3	3	1	—	117		
Wellington	—	—	—	—	—	—	—	1	—	7	7	4	1	22	—	1	35	43	8	30	11	2	9	9	2	1	1	—	—	—	2	24	4	4	2	2	—	231	
Wem	—	—	—	—	—	—	—	—	1	—	1	—	—	13	2	—	23	22	1	18	8	—	10	6	1	1	—	—	—	—	3	17	2	1	1	—	134		
TOTAL—Rural Districts Pop. 151,610	2	1	2	—	1	—	—	1	4	44	44	24	9	160	10	13	227	258	33	226	51	19	72	68	12	8	6	10	11	1	25	139	22	25	9	—	1536		
TOTAL—County Pop. 306,150	6	2	5	—	1	—	1	1	9	75	109	53	28	327	20	25	561	567	57	517	124	33	177	162	28	16	17	21	23	1	48	334	47	73	17	—	3485		

TABLE V
Return of Cases of Notifiable Diseases during 1962

SANITARY DISTRICT	Scarlet Fever	Whooping Cough	Dysentery	Measles	Acute Pneumonia	Meningococcal Infection	Acute Poliomyelitis (Paralytic)	Acute Poliomyelitis (Non-Paralytic)	Ophthalmia Neonatorum	Puerperal Pyrexia	Erysipelas	Food Poisoning	†Tuberculosis (Respiratory)	Tuberculosis (C.N.S. and Meninges)	Tuberculosis (Other)	Acute Encephalitis (Infective)	Acute Encephalitis (Post Infectious)	Diphtheria	Typhoid
URBAN AND BOROUGH :																			
Bishop's Castle ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Bridgnorth ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Church Stretton ..	—	—	—	—	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dawley	2	1	30	259	1	1	—	—	1	—	—	1	2	—	—	—	—	—	—
Ellesmere	1	—	—	48	3	—	—	—	—	—	—	4	—	—	—	—	—	—	—
Ludlow	—	—	—	5	2	—	—	—	—	—	—	—	3	—	—	2	—	—	—
Market Drayton ..	—	1	—	4	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—
Newport	2	9	1	45	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Oakengates	1	—	2	6	—	—	—	—	—	—	—	1	3	—	—	—	—	—	—
Oswestry	—	—	—	1	2	1	—	—	—	—	—	—	3	—	1	—	—	—	—
Shrewsbury	10	5	41	36	3	—	1	—	—	—	—	—	8	1	5	—	—	—	—
Wellington	14	—	—	49	2	—	—	—	—	1	3	1	3	—	—	—	—	—	—
Wem	—	—	2	3	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Wenlock	2	—	—	19	8	—	—	—	—	—	1	—	4	—	—	—	—	—	—
Whitchurch	25	—	—	—	1	1	—	—	—	—	—	2	—	—	—	—	—	—	—
TOTAL ..	57	16	76	475	31	3	1	—	1	1	4	10	30	1	7	2	—	—	—
RURAL :																			
Atcham	21	26	7	22	4	—	—	—	—	1	2	1	—	—	—	—	—	—	1
Bridgnorth	2	—	2	33	6	—	—	—	—	—	1	3	1	—	—	—	—	—	—
Clun	2	—	—	—	1	1	—	—	—	—	—	—	2	—	1	—	—	—	—
Drayton	1	1	—	41	—	—	—	—	—	—	—	1	1	—	2	—	—	—	—
Ellesmere	5	3	—	46	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
Ludlow	1	1	—	15	5	—	—	—	—	—	—	—	3	—	—	—	—	—	—
Oswestry	9	3	—	6	4	2	1	—	—	—	—	—	1	—	1	—	—	—	—
Shifnal	62	7	2	50	26	—	—	—	—	—	2	—	2	—	1	—	—	—	—
Wellington	15	14	5	89	1	1	—	—	—	1	—	—	6	—	1	—	—	—	—
Wem	18	—	7	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	136	55	23	306	49	5	1	—	—	2	5	5	18	—	6	—	—	—	1
ADMINISTRATIVE COUNTY:																			
Total for 1962 ..	193	71	99	781	80	8	2	—	1	3	9	15	48	1	13	2	—	—	1
Total for 1961 ..	153	198	46	5,651	152	6	3	—	—	7	7	34	77	1	18	1	2	1	—
Increase (+) or Decrease (—) ..	+40	—127	+53	—4,870	—72	+2	—1	—	+1	—4	+2	—19	—29	—	—5	+1	—2	—1	+1

—No notifications.

†Notifications exclude cases notified after death, and do not therefore compare with the numbers of new cases of Respiratory Tuberculosis reported on page 16.

TABLE VI
Work performed in Nursing Districts in 1962

Nursing District	WHOLE-TIME STAFF				MIDWIFERY							HOME NURSING		HEALTH VISITING					
	Home Nurses	Mid-wives	Nurse-Mid-wives	Nurse-Midwife Health Visitors	Domiciliary Cases			Visits			Hospital Discharges		Cases	Visits	Children under 5		Visits to T.B. households	Visits to all other cases	Total visits
					Cases	Doctor present at delivery	Receiving Analgesics	Ante-Natal	Midwifery	Total	Cases	Visits			Cases	Visits			
Alberbury	—	—	1*	—	14	2	13	131	206	337	35	139	69	1,269	300	859	—	26	885
Albrighton	—	—	1	—	40	17	33	309	619	928	26	91	54	1,611	—	—	—	—	762
Ash	—	—	1*	—	22	17	21	317	340	657	4	18	52	1,028	128	762	—	—	111
Atcham	—	—	1*	—	41	11	36	434	538	972	25	112	73	2,051	26	111	—	—	643
Baschurch	—	—	—	1	24	12	24	259	349	608	11	46	89	919	132	643	—	—	2,297
Bishop's Castle	—	—	—	2	11	3	11	111	170	281	2	16	90	2,333	319	2,159	17	121	—
Bomere Heath	—	—	1	—	15	4	14	187	228	415	15	79	61	882	—	—	—	—	215
Bridgnorth	—	—	2	1	76	2	68	645	1,201	1,846	36	227	235	4,872	137	213	1	1	503
Burford	—	—	—	1	15	2	13	146	233	379	8	47	74	1,072	122	377	—	126	350
Chirbury	—	—	1	—	8	2	8	74	121	195	2	10	23	548	89	341	—	9	375
Church Stretton	—	—	1/1*	—	27	11	25	335	412	747	24	112	317	5,438	52	133	8	19	402
Claverley	—	—	—	1	9	3	8	63	134	197	5	35	46	1,294	128	375	—	167	1,486
Cleobury Mortimer	—	—	2*	—	12	—	10	122	194	316	38	103	136	2,177	373	1,319	—	—	—
Clun	—	—	1	—	9	1	8	113	145	258	4	24	133	2,654	—	—	—	—	598
Craven Arms	—	—	1*	—	17	5	16	150	308	458	10	64	112	2,311	67	559	—	39	—
Dawley	—	—	2	—	74	28	72	687	1,010	1,697	110	272	147	2,572	—	—	—	—	—
Donnington	—	—	2	—	68	4	52	708	1,016	1,724	40	173	122	2,363	—	—	—	9	556
Dorrington	—	—	1*	—	10	—	8	114	149	263	10	36	104	1,320	158	547	—	—	—
Ellesmere	—	—	2	—	29	11	25	253	436	689	24	87	99	2,131	—	—	—	—	—
Gobowen	—	—	1	—	18	4	16	204	282	486	16	90	84	1,897	—	—	—	—	—
Hadley	—	—	1	—	44	2	40	309	675	984	45	193	76	1,687	—	—	—	—	16
Highley	—	—	1	—	8	2	7	92	142	234	15	52	34	593	6	16	46	20	662
Hinstock	—	—	—	1	22	7	20	298	341	639	8	46	60	1,046	174	596	13	183	789
Hodnet	—	—	—	1	15	7	8	174	218	392	12	52	94	902	207	593	—	—	—
Ironbridge	1	—	2	—	52	15	42	671	866	1,537	30	130	164	4,865	—	—	—	—	725
Kinnerley	—	—	—	1	15	12	14	110	204	314	15	59	73	803	171	676	29	20	329
Longden	—	—	1*	—	16	3	14	158	273	431	15	66	44	944	60	327	—	2	316
Ludlow	1	—	1*	1	29	4	21	311	444	755	37	181	132	3,720	61	288	—	—	—
Market Drayton	—	—	2	—	70	12	61	704	969	1,673	51	172	96	2,531	—	—	—	—	—
Moreton Corbet	—	—	1	—	25	3	22	236	368	604	22	92	59	1,284	—	—	—	—	—
Morton	†	—	1	—	16	2	15	163	265	428	21	103	81	2,391	—	—	—	—	334
Much Wenlock	—	—	1*	—	4	—	4	52	63	115	3	31	43	2,280	54	315	—	19	517
Munslow	—	—	1*	—	12	—	12	116	210	326	5	41	50	592	114	509	—	8	—
Newport	—	—	2	—	81	6	60	596	1,140	1,736	69	246	83	1,479	—	—	—	—	—
Oakengates	—	—	3	—	118	13	106	981	1,829	2,810	80	310	204	4,718	—	—	—	—	—
Oswestry	†	—	4	—	102	3	99	1,062	1,659	2,721	65	340	556	11,299	—	—	—	—	—
Pontesbury	—	—	1	—	14	—	13	128	201	329	17	96	61	2,097	—	—	—	—	—
Prees	—	—	1	—	29	24	24	230	473	703	11	61	67	1,262	—	—	—	—	—
St. Martin's	§	—	—	—	22	1	19	229	324	553	23	135	94	1,562	—	—	—	—	—
Shifnal	—	—	2	—	24	4	20	245	324	569	9	59	84	3,763	—	—	—	—	—
Shrewsbury	6	7	—	—	398	78	373	4,468	5,846	10,314	253	926	883	25,930	—	—	—	—	516
Stiperstones	—	—	1	—	8	2	8	49	105	154	5	18	25	604	121	492	—	24	705
Stoke-on-Tern	—	—	1*	—	15	2	13	222	256	478	14	94	50	1,093	191	697	—	8	559
Stoke St. Milborough	—	—	1*	—	3	—	3	25	48	73	4	8	40	1,099	97	461	—	98	598
Sundorne	—	—	—	1	25	7	21	196	354	550	19	60	58	1,084	162	560	24	14	—
Tibberton	—	—	—	—	11	—	9	117	145	262	1	1	19	298	—	—	—	—	—
Trefonen	†	—	1	—	8	1	7	99	131	230	13	46	38	1,611	—	—	—	—	—
Wellington	—	—	2	—	77	9	57	979	1,278	2,257	126	441	202	4,817	—	—	—	—	—
Wem	—	—	1	—	35	19	35	403	466	869	19	83	115	2,158	—	—	—	—	1,132
Westbury	—	—	—	1	16	2	14	115	236	351	8	46	49	1,179	63	827	64	241	—
West Felton	—	—	1*	—	21	15	19	169	302	471	11	43	123	1,086	—	—	—	—	703
Weston Rhyn	—	—	1*	—	10	—	8	84	140	224	13	53	54	736	286	703	—	—	—
Whitchurch	—	—	2	—	112	98	108	1,197	2,066	3,263	14	137	98	2,481	—	—	—	—	564
Whixall	—	—	1	—	28	24	26	278	374	652	4	32	107	1,002	112	564	—	—	707
Wrockwardine	—	—	1	—	22	1	20	229	312	541	20	95	35	998	198	670	21	16	—
Agency—Radnorshire	—	—	3	—	1	—	1	—	—	—	5	17	29	361	—	—	—	—	—
Agency—Montgomeryshire	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	8	7	64	12	2,047	517	1,824	20,860	31,151	52,011	1,527	6,346	6,200	137,097	4,108	16,692	223	1,440	18,355

†These Nurses are also employed in the Oswestry Nursing District.
§Area covered by adjoining districts.
*Ministry of Health dispensation for Health Visiting.

TABLE VII
Home Nursing Service—Analysis by Sex and Age Groups of Cases attended in 1962

DISEASE	CASES			MALES						FEMALES												
	Males	Females	Total	0—	5—	15—	25—	35—	45—	55—	65—	75—	0—	5—	15—	25—	35—	45—	55—	65—	75—	
Tuberculosis, all forms	9	10	19	—	—	1	2	1	2	2	1	—	—	—	2	4	4	—	3	—	1	—
Other infectious diseases	13	40	53	1	2	—	—	1	—	4	4	1	—	1	1	2	3	6	7	2	6	10
Parasitic diseases	8	4	12	4	1	1	2	—	—	—	—	—	—	1	—	—	—	1	1	—	1	—
Malignant and lymphatic neoplasms	128	161	289	—	—	2	4	2	6	39	37	38	—	1	1	—	2	4	19	39	54	41
Asthma	11	26	37	—	1	1	—	—	—	—	6	3	—	1	—	—	4	3	4	9	3	—
Diabetes mellitus	34	90	124	—	3	3	1	2	1	3	14	7	—	1	1	—	4	3	10	9	29	34
Anaemia	105	498	603	1	—	—	—	2	8	17	34	43	—	—	3	17	21	35	45	81	142	154
Vascular lesions affecting central nervous system	134	206	340	1	1	2	1	—	2	17	39	71	1	1	—	1	—	—	7	20	55	122
Other mental and nervous diseases	35	77	112	—	—	2	1	1	6	3	13	9	—	1	—	2	1	11	9	17	15	21
Diseases of the eye	23	22	45	5	5	5	—	—	1	1	1	5	—	—	—	1	1	7	1	7	3	5
Diseases of the ear	40	29	69	7	9	3	1	5	2	8	4	1	—	3	3	1	5	5	15	37	82	169
Diseases of the heart and arteries	180	313	493	—	—	—	1	2	4	29	47	97	—	—	—	3	2	8	22	28	47	53
Diseases of the veins	36	167	203	1	2	—	4	—	4	7	7	11	—	1	1	18	7	10	13	4	9	10
Upper respiratory diseases	57	113	170	21	14	3	2	6	—	4	3	4	17	21	1	1	11	13	22	28	47	53
Other respiratory diseases	127	160	287	23	2	1	—	4	15	10	26	46	17	5	4	4	10	7	13	11	23	70
Constipation	116	174	290	12	11	1	4	5	10	18	18	37	10	6	4	6	11	12	12	28	38	59
Other diseases of digestive system	167	182	349	27	13	10	18	14	15	26	28	16	15	8	7	18	16	26	26	28	34	30
Diseases of urinary system and male genital organs	151	—	151	74	23	2	1	—	6	9	16	20	—	—	—	—	—	—	—	—	—	—
Diseases of breast and female genital organs	—	471	471	—	—	—	—	—	—	—	—	—	—	2	43	44	48	40	43	119	132	
Complications of pregnancy and puerperium	—	196	196	—	—	—	—	—	—	—	—	—	—	—	64	94	33	5	—	—	—	—
Diseases of skin and subcutaneous tissues	200	280	480	41	19	16	14	17	15	16	28	34	38	20	24	24	24	26	35	46	57	73
Diseases of bones, joints and muscles	52	185	237	1	1	2	2	—	4	6	9	27	1	1	—	2	11	14	26	57	73	63
Injuries	262	322	584	50	71	42	15	15	15	18	16	20	32	47	36	23	25	20	44	32	7	148
Senility	41	156	197	—	—	—	—	—	—	1	2	38	—	—	—	—	—	—	—	1	7	—
Other defined and ill-defined diseases	137	172	309	26	7	3	7	8	26	26	27	7	26	3	7	15	27	20	21	30	23	4
Diseases not specified	27	53	80	4	1	—	2	3	3	7	5	2	2	1	4	4	5	13	13	7	—	—
TOTAL	2,093	4,107	6,200	299	186	100	82	88	145	271	385	537	168	129	240	305	300	347	506	843	1,269	..

TABLE VIII
Home Nursing Service—Cases Completed in 1962—Duration of Treatment, Visits and Disposal

DISEASE	TOTAL CASES	DURATION OF TREATMENT		VISITS			DISPOSAL OF CASES							
		Length (days)	Average per case (days)	Total		Average per case per week	Recovered, relieved or convalescent	Admitted to hospital or nursing home	Died	Gone away	Out-patient, X-ray, own doctor, etc.	Treatment undertaken by patient	Discontinued	Others
				Day	Night									
Tuberculosis, all forms	14	1,077	77	814	1	58.2	6	1	—	4	3	—	—	—
Other infectious diseases	47	922	20	550	—	11.7	41	3	—	1	1	—	1	—
Parasitic diseases	11	97	9	57	—	5.2	10	—	—	1	—	—	—	—
Malignant and lymphatic neoplasms	249	14,276	57	8,361	57	33.8	19	64	155	4	2	2	—	3
Asthma	26	3,833	147	641	—	27.7	16	5	3	2	—	—	—	—
Diabetes mellitus	80	12,604	158	8,497	—	106.2	28	17	2	13	3	16	1	—
Anaemia	290	81,312	280	12,893	7	44.5	160	45	17	57	7	1	3	—
Vascular lesions affecting central nervous system	278	28,238	102	13,796	64	49.9	62	81	116	11	—	3	—	5
Other mental and nervous diseases	64	16,234	254	5,238	—	81.8	23	22	8	9	1	1	—	—
Diseases of the eye	41	3,707	90	2,037	1	49.7	25	6	—	1	4	3	1	1
Diseases of the ear	67	1,739	260	759	—	11.3	58	4	—	—	4	—	1	—
Diseases of the heart and arteries	380	37,007	974	12,762	6	33.6	113	95	139	21	2	6	2	2
Diseases of the veins	142	19,848	140	5,928	1	41.7	95	26	2	6	7	3	3	—
Upper respiratory diseases	176	1,611	9	1,100	—	6.5	151	6	—	1	11	1	—	—
Other respiratory diseases	262	5,987	23	3,803	12	14.6	181	39	26	6	7	2	—	—
Constipation	275	5,008	18	1,388	1	5.5	234	19	3	4	15	3	—	—
Other diseases of digestive system	318	8,900	28	3,792	11	11.9	203	41	10	9	52	—	—	—
Diseases of urinary system and male genital organs	142	5,866	41	3,498	2	24.7	121	9	8	2	1	1	—	—
Diseases of breast and female genital organs	416	15,468	37	3,371	—	8.1	327	21	5	16	43	4	—	—
Complications of pregnancy and puerperium	194	2,254	12	1,552	5	8.0	136	48	—	4	4	—	2	—
Diseases of skin and subcutaneous tissues	447	18,367	41	8,458	1	18.9	387	27	2	11	15	4	1	—
Diseases of bones, joints and muscles	136	28,677	211	7,014	—	51.6	63	41	8	18	2	3	1	—
Injuries	549	10,003	18	5,413	5	9.9	439	38	4	10	53	3	1	1
Senility	127	16,447	130	5,888	5	46.4	13	55	42	12	—	2	—	3
Other defined and ill-defined diseases	300	2,305	8	1,269	1	4.2	97	36	—	2	163	2	—	—
Diseases not specified	80	297	4	143	—	1.8	11	5	—	—	64	—	—	—
TOTAL	5,105	342,084	67	119,022	180	23.4	3,019	754	550	225	464	60	18	15

TABLE IX: Housing—Summary of Answers to Questionnaires.

	Atcham R.	Bishop's Castle B.	Bridgnorth B.	Bridgnorth R.	Church Stretton U.	Clun R.	Dawley U.	Drayton R.	Ellesmere U.	Ellesmere R.	Ludlow B.	Ludlow R.	Market Drayton U.	Newport U.	Oakengates U.	Oswestry B.	Oswestry R.	Shifnal R.	Shrewsbury B.	Wellington U.	Wellington R.	Wem U.	Wem R.	Wenlock B.	Whitchurch U.	
Estimated Population Mid-Year	22,950	1,220	7,840	16,130	2,760	8,690	9,870	9,650	2,290	7,620	6,760	13,420	5,920	4,710	12,380	11,520	20,090	15,140	50,120	14,430	26,200	2,600	11,720	14,970	7,150	
Total number of permanent dwellings in District	7,175	434	2,707	4,336	989	3,090	3,290	2,506	769	2,127	2,271	4,343	2,066	1,585	4,168	3,920	5,334	5,777	15,350	4,635	8,030	906	3,320	4,602	2,355	
Total number of permanent dwellings owned by Local Authority	1,126	80	720	498	147	257	1,280	456	199	264	587	459	593	471	1,495	966	1,177	866	†	1,910	3,438	315	490	1,300	751	
HOUSING ACT, 1957																										
Houses dealt with in Clearance Areas during the year 1962 :																										
(a) Unfit for human habitation included in clearance areas	—	—	15	—	—	—	4	—	—	—	—	—	—	—	59	—	—	8	36	94	7	—	—	48	—	
(b) Number of houses demolished	—	—	29	—	—	—	15	—	—	—	—	—	—	—	—	—	—	—	50	21	27	—	—	9	—	
Houses by reason of bad arrangement :																										
(a) Included in clearance areas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) Demolished	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Houses demolished on land acquired under Section 43(2)	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other than in Clearance Areas :																										
Houses demolished as a result of formal or informal procedure under Section 16 or 17(1)	13	—	2	2	—	3	—	—	—	—	4	4	30	9	26	—	8	—	7	10	55	4	8	4	3	
Local Authority owned houses certified unfit by M.O.H. : Number demolished	16	—	—	—	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	28	—	—	—	—	2	
Unfit houses included in Unfitness Orders	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Unfit houses closed :																										
Number of houses closed under Sections 16(4), 17(1) and 35(1)	22	—	8	6	—	1	5	—	—	1	26	2	—	3	—	2	16	4	13	2	3	6	5	34	16	
Number of houses closed under Sections 17(3) and 26	—	—	—	—	—	—	—	—	—	—	9	7	—	—	—	—	—	2	3	—	—	—	—	—	1	
Parts of buildings closed under Section 18	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Unfit houses made fit :																										
Houses in which defects were remedied by owner and after informal action by local authority :	34	—	—	—	—	8	—	51	10	23	—	—	1	—	—	—	66	—	—	—	75	—	—	9	—	
Under Section 9 : By Owner	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	
Under Section 9 : By Local Authority	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Under Section 16 : By Owner	—	—	—	2	—	—	—	2	—	—	1	4	—	—	—	—	9	—	—	1	—	—	—	3	—	
Under Section 24 : By Owner	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Unfit houses for temporary accommodation :																										
Retained for temporary accommodation under Section 48	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	9	—	—	—	—	—	—	—	—	
Retained for temporary accommodation under Section 17(2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Retained for temporary accommodation under Section 46	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Licence for temporary accommodation :																										
Number of licences issued under Sections 34 and 53	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Purchase of houses by agreement :																										
Number of houses in clearance areas other than those included in confirmed clearance orders or compulsory purchase orders : Number purchased	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	14	—	—	—	—	
Number of houses where defects were remedied after service of formal notices under Public Health Acts : (a) By Owners	2	—	1	—	—	—	—	1	—	—	—	—	1	—	—	3	25	—	15	1	—	—	—	—	1	
(b) By Local Authorities	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Number of unfit defective houses rendered fit by informal action under the Public Health Act	10	—	13	4	2	6	14	80	21	10	—	22	7	13	56	45	21	29	59	12	75	3	5	—	24	
Estimated number of houses still unfit for human habitation :	130	35	40	128	†	260	271	42	72	144	200	232	107	40	294	250	282	96	200	87	93	20	40	400	68	
To be dealt with by demolition	1,400	—	200	—	†	45	898	21	79	13	10	†	191	†	75	1,000	330	300	—	111	†	30	360	96	†	
To be dealt with by reconditioning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Overcrowding :																										
Number of houses overcrowded at 31st December, 1962	1	—	†	5	†	†	†	3	5	†	†	†	7	†	114	1	†	†	†	5	†	—	1	†	†	
Number of overcrowded families rehoused during the year	4	—	10	—	14	20	—	—	3	—	—	—	10	—	82	50	28	—	147	50	—	—	—	—	—	
Number of temporary housing units occupied on 31st December, 1962 : (a) Prefabs.	30	—	—	—	—	—	—	24	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(b) Huts	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Houses erected during the year:	30	—	28	—	—	—	5	7	—	—	33	—	27	—	13	—	33	—	†	63	—	—	—	54	39	
By Local Authority for : (a) Slum clearance	68	—	—	8	—	—	4	—	—	—	12	—	22	—	8	—	33	—	8	213	400	—	—	10	—	
(b) Other purposes	—	—	49	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	222	133	95	17	40	42	14	
By private enterprise for : (a) Slum clearance	128	—	96	—	35	15	205	14	26	18	9	30	44	142	191	64	35	184	†	34	—	—	—	425	4	
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	200	—	
Houses in course of erection :	24	—	—	—	—	20	12	—	—	—	60	—	11	33	40	—	8	—	†	18	322	—	—	425	4	
By Local Authority for : (a) Slum clearance	12	19	—	75	—	14	—	—	—	—	16	—	45	33	58	4	—	133	245	34	—	—	—	200	—	
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
By private enterprise for : (a) Slum clearance	181	2	51	—	21	8	—	14	10	17	9	53	—	36	92	55	22	—	†	93	140	27	9	51	8	
(b) Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Houses or flats gained from conversion of large houses or buildings into flats or dwellings by :	—	—	—	—	—	—	—	—	3	—	11	7	2	4	—	—	—	—	†	—	4	—	—	5	4	
Local Authority	1	—	3	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Private enterprise	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lost from conversion of two or more houses into one by:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Local Authority	2	—	2	—	—	—	—	2	—	—	5	5	—	—	—	—	—	—	—	—	2	—	1	2	—	
Private enterprise	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Post-war houses erected from 1st April, 1945, to 31st December, 1962, by :	891	32	556	442	88	162	885	256	141	190	412	362	327	327	1,187	645	939	547	3,340	2,174	1,935	231	330	740	462	
Local Authority	704	11	533	339	187	125	498	137	167	113	217	241	258	417	640	340	—	643	2,309	34	838	64	266	138	142	
Private enterprise	30	—	70	16	—	36	23	50	54	77	95	41	26	36	80	—	20	383	†	18	†	20	10	42	4	
Housing programme for 1963 for : Slum clearance	46	19	30	34	—	32	20	—	6	—	—	—	—	—	—	—	—	—	461	†	—	—	—	—	—	
Other purposes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total number of Council Houses sold during year	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total number of applicants on Housing List at end of year	303	25	175	224	68	105	310	67	70	230	280	308	272	153	354	350*	327	425	1,305	650	1,797	79	§	495	145	
Improvement Grants made under the Housing Act, 1949 :																										
Number of applications and houses dealt with during the year by Local Authority :	107	6	1	17	5	32	1	21	—	32	8	47	3	1	9	10	33	21	†	1	37	—	16	26	1	
(a) Number of applications : Received	96	6	1	16	5	31	—	21	—	31	8	47	3	1	9	8	33	19	†	1	37	—	16	26	—	
Approved	11	—	—	1	—	1	—	22	—	1	—	—	—	—	—	2	—	2	†	—	—	—	—	—	—	
Rejected	110	6	8	23	6	32	1	—	—	32	8	47	5	4	9	10	36	21	†	1	82	—	16	29	1	
(b) Number of dwellings : Received	99	6	8	22	6	31	—	22	—	31	8	47	5	4	9	8	36	19	†	—	—	—	—	—	—	
Approved	11	—	—	1	—	1	—	—	—	1	—	—	—	—	—	2	—	2	†	—	—	—	—	—	—	
Rejected	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Number of above applications approved, in respect of Owner/Occupiers	40	1	—	1	3	16	1	6	—	10	4	18	2	—	9	2	23	4	†	1	19	—	6	12	1	
Average cost per dwelling approved	£369	£579	£672	£883	£608	£339	£838	£861	—	£760	£887	£777	£600	£758	£185	£501	†	£880	†	£549	£1,013	—	£371	£790	£178	

* Approximate or estimated figures.

†Not available or not known.

§No List.

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